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ABSTRACT

The curriculum guide presents 14 modular units for teaching a college-level course about older women (age 40 and above). An introduction discusses the need for and lack of literature or research about older women and their specific personal, financial, and social problems. It also suggests instructional approaches, consideration of students' individual experiences with aging, and importance of input from older women. The 14 units treat the following topics: stereotypes of older women, a demographic profile of the older woman, menopause and sexuality, health and medical issues, mental health and related issues, life patterns, family relationships, social networks, widowhood and death, older women and the legal system, employment and retirement, social security and pensions, continuing education, and ethnic and racial variations. An annotated filmography describes over 100 films about middle-aged and older women, and a bibliography lists approximately 1,000 books and articles. (AV)

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UNCHARTED TERRITORY:
ISSUES AND CONCERNS OF
WOMEN OVER 40

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INTRODUCTION

Older women are here to stay. In fact, there are, and will be, more of them each succeeding decade. However, the literature on women has singularly failed to focus on the unique life experiences of the woman over 40. Literature in gerontology has been equally remiss in failing to examine the problems of the older woman as distinct from those encountered by aging men. Traditional approaches to gerontology have examined primarily those issues of aging pertinent to males, while neglecting the issues specific to females. Yet because of their increased longevity, most older people are women. There are more than 12.8 million women in the United States aged 65 or older, and an additional 22 million women in the middle-aged population (ages 45-64). Together, these women comprise 16% of this country's inhabitants.

For too long, these women have been "invisible." In addition to suffering the prejudices of ageism, older women are also subject to the prejudices of sexism. They occupy a difficult and unique position in our culture, partly as a result of their social isolation and relative longevity, partly as a result of their traditionally dependent status, and partly as a result of the inadequacies in our legislative and social systems in providing ample support to insure adequate living standards for our elderly population.

Older women in America today constitute the single poorest group of persons in our society. For those women who have worked, this is due in large part to fewer years in the labor market at lower salaried jobs than men, resulting in lower social security and retirement benefits. It is partially due to the reluctance of employers to hire older women because of stereotyped attitudes that they are not adaptable to today's jobs and technology. And finally, it is due somewhat to programs and agencies, such as the Social Security Administration, which to date have determined financial eligibility requirements according to traditional male standards, and so are unable to provide for the earlier and lengthier needs of women.

While life expectancy rates continue to climb for members of both sexes, women continue to benefit more than men by the declining death rate of the past fifty years. In 1975, the Census Bureau estimated that women would outlive their male counterparts by eight years, with life expectancy rates of 77 and 69, respectively. These figures have recently been revised upward. Life expectancy rates for men and women are now predicted at 72 and 81, respectively, for those born in 1978. But while both sexes are living longer, women will outlive men by nine years by the year 2050, instead of the eight years estimated in 1975.

That women benefit more than men by lessening mortality rates is further emphasized by the fact that, between 1960 and 1970, the population of women 65 and over increased twice as fast as the population of men 65 and over. In 1930, there were 1,006 men aged 65+ for every 1,000 women aged 65+; by 1970, this had declined to 722 men 65+ for every 1,000 women 65+.

Because women have longer life-spans than men, and because women tend to marry older men, most women will experience widowhood. There are nearly six times as many widows as widowers. As one would expect, increasing age is accompanied by an increase in widowhood, so that by age 85, the proportion of women in a widowed state has reached 77%.

The high incidence of widowhood, an increasing divorce rate, and the numbers of women who never marry, are all contributing factors to loneliness and isolation. These are very real problems faced, on a daily basis, by middle-aged and older women. Because a man is still perceived by many as essential to a woman's worth, single older women (and single includes the widowed, divorced, and separated), are not viewed as having much to offer. Widows particularly are seldom invited to mixed social gatherings. A single woman does not "fit" in a couples-oriented world.

The American older woman also suffers from the double standard applied to the aging population. Males are viewed as increasingly attractive as they age, until fairly late in life. A touch of gray at the temples is considered distinguished. We do not find it at all impossible to imagine a Jacqueline Bisset attracted to a Cary Grant, but envisioning a Robert Redford falling for a Katherine Hepburn is difficult. The older woman is seen as asexual. She has lost her sex appeal as she has gained both years and experience. She is presumed to have neither the interest in nor the ability for a sexual relationship. Culturally, menopause marks the point in the older woman's life when she is washed up; she has lost her marketable attributes.

Such experiences should serve to draw older women together, to provide mutual support, for who can better understand the concerns of an older woman than another older woman who has shared many of the same experiences. Yet women helping women is a relatively untried concept for older age groups. This may be due in part to a socialization process that taught women to view other members of their sex as competition rather than as companions, confidantes, friends.

The problems of older women are severe; their resources limited. Their needs are many, yet these needs have not been explored in depth. A strong focus on childrearing and homemaking, coupled with the belief that they will be taken care of by the "system," leave many women ill-prepared to cope with their changing social roles at menopause, child-launching, and widowhood. This erosion of role-identity presents problems specific to women, problems that aging men will never experience.

The aging process can be difficult for a woman because of the loss of meaningful roles. Her children leave home, her husband often dies, and if she has not worked for a good part of her adult years, she has little preparation or skill for developing new productive roles to fill the gap. Too often she is left alone, discouraged, and without financial and emotional support. This is not only needlessly sad, but a waste of a valuable human resource.

Older women are not going to disappear. Indeed, the ratio of older women to men will continue to increase as we approach 1990. Strides have been made, but there is still much to do if we are to adequately meet the needs of the majority of the aging American population.

Lack of Data

Despite their greater numbers, women have not been the focus of most major research efforts in gerontology. The majority of researchers in gerontology have been, and are, male, and so tend to focus on the aging process of males. Additionally, subjects for studies have often been obtained from predominantly male populations, such as Veterans' Administration hospitals. Some researchers have deliberately excluded women from research studies because of the misconception that monthly hormonal changes would cause women to be unreliable subjects and bias test results.

What is "Older?"

The problems of definition and semantics arise when attempting a presentation of issues and concerns relevant to older women. For some, "older" is chronologically defined, and upon reaching a particular age, one's status is somehow altered. For others, the concept of "you're as old as you feel" applies, and one is not "older" until one perceives certain physical and attitudinal changes.

For the purposes of this curriculum guide, "older" has been defined in terms of major life events, or milestones. A number of physiological and social changes occur during the decade of the 40's that predicate, for many women, the direction of the aging process. Thus, the socially-defined age of 65 as "older" has no relevance to this undertaking, since the milestones of the preceding 20 years are not accounted for. Therefore, our "older" woman is not an old woman; she is also middle-aged. For the chronologically-oriented, the older woman is approximately 45 years of age and older.

Overview of Units

The curriculum guide is comprised of fourteen modular units. "Images of Older Women" examines the ways in which older women are perceived in American society, how these perceptions have developed, and what effects myths and stereotypes have had on the self-image of women. It also examines the socialization process of older women and lays the foundation for the units which follow. "A Demographic Profile of the Older Woman" reveals important trends during the twentieth century which have strongly influenced the status of women. Specific topics include population distribution, geographic distribution, life expectancy, marital status, living arrangements, education, employment, and income, with regard to older women.

Units Three through Five focus on a variety of health issues of special concern to older women. "Menopause and Sexuality" examines the physiological process of menopause, and explores the question of estrogen replacement therapy. The double standard of male and female sexuality is also questioned. "Health and Medical Issues" presents available data on three medical conditions frequently encountered by middle-aged and older women: breast cancer, hysterectomy, and osteoporosis. The issues of stress, depression, suicide, drug abuse, and alcoholism are discussed in "Mental Health and Related Issues."

The sixth unit, "Life Patterns," examines the transitions facing women as they age, and the effect that personality types and role changes have in creating a variety of life patterns. "Family Relationships" probes the changes within families that are part of the life pattern, such as children leaving home, separation and divorce, aging parents, husband's retirement, and husband's death. Unit Eight, "Social Networks," is closely aligned, examining a variety of living arrangements and friendship patterns. Attitudes toward death, the bereavement process, and the adjustments faced by widows are dealt with in "Widowhood and Death."

Units Ten through Thirteen take a more pragmatic turn. "Older Women and the Legal System" presents those laws designed to protect women and the aged. Among those discussed are inheritance and property laws, credit laws, the Equal Rights Amendment, and the Displaced Homemakers' Bill. Work aspiration and choice, as well as adjustment to retirement, are explored in "Employment and Retirement." Financial adjustments at retirement follow in "Social Security and Pensions." "Continuing Education" clarifies the concept of returning, or reentry, women and discusses the implications of this relatively recent educational phenomenon.

Most research on older women has used white women as subjects. Because 85 percent of women at all ages, and 90% of women over 45 are white, this research is valid. But equally important is the aging process of other groups of women. The final unit, "Ethnic and Racial Variations," explores the significance of being an older woman in such minority groups as Spanish-American, Jewish, American Indian, East Asian-American, and Black.

An annotated filmography follows the units. This contains descriptions of over 100 films about middle-aged and older women which can be ordered to accompany presentation of the units.

Finally, the bibliography offers approximately 1,000 books and articles on older women. This is a valuable list for either supplemental reading or an intensive literature review on a specific topic. (References cited in the units also appear on this list.)

While each unit is as complete as the available literature would allow, we acknowledge the need for additional research in these and many more areas, in order to fill in the many gaps that currently exist.

TEACHING ABOUT OLDER WOMEN

Any course that deals with psychologically significant and personally meaningful data presents special problems and opportunities for the instructor. In the development of all aspects of the units for this course -- the material selected, the questions suggested for class analysis, and the out-of-class activities -- the particular nature of the subject matter has been taken into consideration. After all, most members of the class, male or female, will have an older mother; the older the students, the older will be their parent. For these students, the material will often have immediate personal meaning. For the women in the class, obviously, there is personal relevance to discussing what is likely to happen in their own lives as they grow older.

The personal reference points which will involve in one way or another every member of the class suggest that, in pacing discussion and introducing new concepts, the instructor be particularly sensitive to both sequencing of topics and class response to particular topics. The units have been arranged in what we view as psychologically the most strategic sequence. That is, we believe that in such a psychologically sensitive area it is both wise and educationally productive to start where the students' primary interests lie. For this reason, we have chosen to begin the course with teaching materials designed to confront and dispel many of the myths and stereotypes about older women.

The whole course is devoted to a factual presentation of the research about older women, so that myths and stereotypes will be challenged at each class session. However, the introductory unit is designed to set the stage; to suggest to the students that learning about older women will be a restorative experience; that, like other taboo areas in our culture, there is much negative imagery and unpleasant misinformation which may work destructively on the self-esteem of millions of individuals. Correct information about the normal extension of human development into mature adulthood and old age is the best preparation for these stages of life.

The sequencing of the units that follow is derived in part from our experience in having taught the course twice. However, the units are not locked into each other; that is, each unit is designed to stand alone. The emphases in different courses on aging might be sufficiently diverse that some units will be immediately relevant, and others quite remote from the concerns of the class and instructor. A course concerned with social policy and the aging, for instance, would be unlikely to want to spend time on physiology, but would find the material on economic issues (Unit 12), or the legal system (Unit 10), of particular interest. A course designed to examine the changing American family would obviously find the material on the family status of the older woman (Unit 7) useful, as well as the one on widowhood (Unit 9). In developing the material, it was found that only one other institution -- at the time we were working -- presented a course exclusively devoted to the older woman. Thus the material is designed to be incorporated into courses whose major focus is either on some general aspect of human development

or social or psychological understanding, or is a gerontology course on a specific topic or area in which a special unit or units on the older woman would be appropriate.

Another assumption made in the development of the material is that as each unit is presented, personal and local implications will be explored. The most valuable informants are the students themselves, who can reflect on their own experience with older women -- or their perception of what becoming old will entail -- in light of the research data presented. Since the research is limited and incomplete, it is particularly important to ask, continually, "Does this piece of research evidence corroborate our own experience?" "To what extent are things here different, or similar?" Such questions are particularly pertinent when examining the material in many different settings and the many different groups with which we deal. Regional differences may affect the life style of older women. Certainly a predominantly rural area will differ from a central city environment with respect to the living conditions of older women, their family relationships, their access to services, and their feelings of competence or powerlessness. The professional interests of a given group of students will influence their views and knowledge about older women; nurses will differ from social workers; undergraduates in a sociology course from graduate students in gerontology studies; paraprofessionals in nursing homes from recreation leaders, and so forth. Another difference will be the social class and racial and ethnic representation in a given community, and in a given group of students.

The wider the diversity of students, the richer will be the experiential resource available to the teacher, since attitudes towards women and the elderly vary according to these factors. When a group or class is very homogeneous, it is incumbent on the instructor to bring to the group persons knowledgeable about all those who differ. Such resource persons may have special professional experience with these groups, or may come as a representative of the groups themselves. For instance, if there are no black class members, it would be extremely important to bring to class a professional person with extensive experience with the older black community, and/or older black women themselves to talk with the group about their situation.

The inclusion of "affective materials" is another instructional device which has great merit. As we noted, this area of inquiry has extensive personal reference, loaded with feelings, most of which have been examined. The material in the units almost exclusively reports the available research. We have, therefore, also included resource lists of useful films, and bibliographic material from literature -- biography, autobiography, and fiction. These resources are intended to increase the emotional insight and understanding of students -- the humanistic dimension. It is hoped that extensive use will be made of these materials as a way to counter the dehumanizing aspects of mass society.

Keeping the instruction focused on the human individual can also be accomplished by the out-of-class activities which are developed by the instructor as well as the kinds of resource visitors brought to

the class. As noted previously, older women who may represent different ethnic, racial, and social class groups may visit a class to discuss with them the personal and social problems they have encountered. When utilizing such informants, it is necessary for the instructor to do some pre-class screening. Some older people are highly articulate with groups; others only relate well on a one-to-one basis and are intimidated by groups. Some older persons, like anyone else, have a pet solution or gripe which to them is the explanation to all problems. Such individuals may abuse the opportunity to address an audience, or may present misleading information. Pre-screening will help to determine how useful a particular person may be for the group. Care must be taken, furthermore, not to appear patronizing when inviting older women to address a group. Older women over and over report their resentment at being treated as though they were helpless and minimally competent "old" children.

Probably one of the best procedures for personalizing and humanizing the material is the assignment of students to out-of-class interviews with older women as part of their class work. Such an assignment can be the development of a case study, an oral history project, observations at a senior citizen day care center or a nursing home day room. Students may assist with a Meals on Wheels program, legal aid center for seniors, or countless other community service programs where they will be with older women. The immediate, personally collected data and information will be the most valuable learning gained by the students. With sophisticated graduate students, and with the appropriate cautions on invasion of privacy and experimentation with human subjects, small scale research studies might be developed by a class and carried out in the community. It has been shown over and over again that the data a group gathers itself is far more persuasive than any massive amount of data read or presented by others. How do widows really cope? What is the incidence of single older women in a given neighborhood, and what are their living conditions? How do women feel who are able-bodied, yet have been placed in nursing homes? How does a family make the decision to take in an older female family member? Do older women who have retired from work find this experience difficult? The research questions are endless.

Some instructors, in efforts to humanize and personalize their instruction, encourage students to keep journals. These journals are, of course, private and confidential. Their purpose is to provide a medium whereby the students can reflect upon the data, its meaning for themselves and their own lives, and examine their own assumptions and preconceptions. Journals often are a way of seeing one's own growth in understanding. The journal may serve, too, to help women think ahead into their own maturation and aging. The anticipation of these life changes in a realistic fashion may be highly significant in developing coping strategies that are personally sound and healthy. They may or may not be reviewed by their instructor; in no instance are they "graded," since the journal is a personal record.

At the end of the course, or the teaching of one or more units, an evaluation of the content and the approach would be helpful. Since the material has so much personal relevance to class members, it is

useful for the instructor to get feedback from students regarding the success of the instruction. An evaluation may be very simple: for instance, one can ask:

1. What material in the course (or unit) did you find the most valuable and which should certainly be retained for future classes?
2. What material in the course (or unit) seemed least valuable, which you would recommend dropping if the course (unit) is taught again?
3. What would you like to see added to the course (or unit) if it is taught again?
4. Any other comments?

The above questions focus primarily on the content of the course. An instructor may want to expand the questions to instructional methodology, out of class assignments, and so forth. It is highly recommended that some kind of formal evaluation be conducted so that continual revision of the program is possible. (A suggested evaluation form appears on the next page.)

Because of the previous failure to pay adequate attention to the older woman, this is an area in which advocacy is not only needed but inevitable. One way in which the academic community can assist in vital ways to meet the pressing needs of older women is to be sure that courses on the older woman are offered, or that relevant material on the older woman is incorporated as a matter of course in all gerontology courses, and all other courses where such material has been traditionally omitted or overlooked. One important outcome of this kind of academic emphasis on the older woman should be increased research on the middle-aged and older woman. Another outcome may well be more adequate services for older women, and policies which more nearly meet the particular needs of women growing older in our culture.

STUDENT EVALUATION

1. Name of institution: _____
2. Title of course: _____
3. Your field of study: _____
4. Department within which course is taught: _____
5. Length of course: _____Quarter _____Trimester _____Semester _____Year
6. Your year: _____Freshman _____Sophomore _____Junior _____Senior
 _____Graduate student _____Other (Explain) _____
7. Your sex: _____Female _____Male
8. Your age: _____
9. Course level: _____Undergraduate _____Graduate _____In-service training
 _____Other (Explain) _____
10. Is this your first encounter with a course on the older woman?
 _____Yes _____No
11. How would you rate the material covered in this course?

informative	_____	_____	_____	_____	_____	_____	uninformative
up-to-date	_____	_____	_____	_____	_____	_____	out-of-date
practical	_____	_____	_____	_____	_____	_____	impractical
specific	_____	_____	_____	_____	_____	_____	vague
important	_____	_____	_____	_____	_____	_____	unimportant
interesting	_____	_____	_____	_____	_____	_____	uninteresting
relevant	_____	_____	_____	_____	_____	_____	irrelevant
adequate	_____	_____	_____	_____	_____	_____	inadequate
comprehensive	_____	_____	_____	_____	_____	_____	limited
biased	_____	_____	_____	_____	_____	_____	fair
understandable	_____	_____	_____	_____	_____	_____	complex

12. What types of classroom activities made the course most meaningful?

13. Which of the following were used in this course?

____ Textbook/s

____ Guest lecturers

____ Outside readings

____ Group or individual reports

____ Films

14. Which of the following areas concerning older women were covered in class? Put an (M) beside the ones most covered, an (L) beside those least covered, and a (0) beside those not covered at all.

____ Demographic data

____ Legal system

____ Cultural attitudes/images

____ Employment/retirement

____ Menopause/related health issues

____ Financial status

____ Sexuality

____ Ethnic variations

____ Mental health/related issues

____ Social networks

____ Family status

____ Life patterns

____ Widowhood/death

____ Continuing education

15. Would you recommend this course to others? ____ Yes ____ No

16. Do you know of any other programs on campus related to women's studies?

____ Yes ____ No

17. Please list the references (readings and films) which you found to be of particular interest and importance in this course: _____

18. What suggestions would you make to improve the content of this course?

19. Are you or have you been involved in any other activities/programs with a focus on women's studies? ____ Yes ____ No Please explain:

CHANGES IN ATTITUDES TOWARD OLDER WOMEN: RESULTS OF A PILOT STUDY

Development of this curriculum guide centered around two major foci. In addition to topical information dissemination, a primary intent was to determine whether or not exposure to such a course would influence attitudes toward aging women. Thus, a 3-credit course entitled "The Older Woman in American Society" was offered on an experimental basis at the University of Maryland's College Park campus on two separate occasions.

A class of 14 students (both graduate and undergraduate) was taught during the Spring 1977 semester, and a class of 19 students (also graduate and undergraduate) was taught during the Spring 1978 semester. The course was taught on both occasions by Marilyn R. Block, so that instructor bias did not become an issue.

The Aging Semantic Differential, designed to assess attitudes about individuals at various stages of life, was used as the pretest and posttest to determine whether or not exposure to the course brought about a change in attitude toward older women. Students were asked to respond to the scale three times: to determine their attitudes about women aged 20-30; women aged 40-55; and women aged 70-80. This procedure constituted the pretest, administered prior to course instruction. The identical procedure was followed for the posttest, administered toward the end of the course.

For the 1977 group, there was no significant difference in attitude toward women aged 20-30. This is not an unexpected result since the course focus was not on this age group. Attitude changes toward the middle-aged and older women were significant ($p < .001$). Mean attitude scores for women aged 40-55 improved by 22 points, while mean attitude scores for women aged 70-80 improved by 17 points (see Table 1). It should be noted that attitudes toward middle-aged women were more positive than attitudes toward young women at the end of the 1977 semester course.

The 1978 group experienced a similar, if less dramatic, shift in attitude. As with the previous group, there was no significant difference in attitude toward women aged 20-30. Mean attitude scores for the middle-aged women improved by 4 points, while mean attitude scores for the older women improved by 21 points, four points greater than evidenced in 1977 (see Table 1).

A possible explanation for the lesser improvement in attitude toward women aged 40-55 by the 1978 group may lie in the age breakdown of the class. The 1977 class was comprised of predominantly young women, while the 1978 class had a large percentage of middle-aged women. Their initial scores indicated a more favorable attitude toward the 40-55 age range than did the initial scores of the 1977 class; thus, they did not have as far to go in improving their attitudes.

These shifts in attitude by members of both classes support our contention that exposure to a model curriculum on the older woman can vastly improve attitudes toward older women, and thus improve service delivery to older women.

Table 1
Attitudes Toward Older Women

Attitudes Toward . . .	Spring 1977		Spring 1978	
	Mean*	Difference	Mean*	Difference
Women aged 20-30				
pretest	99.0		98.2	
posttest	97.9	1.1	96.5	1.7
Women aged 40-55				
pretest	118.5		110.7	
posttest	96.1	22.4	107.0	3.7
Women aged 70-80				
pretest	139.2		142.2	
posttest	121.7	17.5	120.7	21.5

*a lower number indicates a more positive score
p < .001

UNIT ONE

IMAGES OF OLDER WOMEN

Within this section, an attempt will be made to examine how older women are perceived in American society, how these perceptions have developed, and whether they accord with the facts regarding older women. So many generalizations have been made about older women, that in today's society the myths and stereotypes abound. Until recently, a lack of interest in older women prevented the facts from being known. Even though the reality that is now being revealed about older women is beginning to spread, it is slow in altering the negative and stereotypic attitudes toward older women that are held by the vast majority of the American people.

While it is unrealistic to assume that all older women are alike, it is also unrealistic to assume that older women have nothing in common. In exploring these similarities and differences, therefore, it is important to keep in mind the uniqueness of these women as individuals. For example, the term "older women" employed herein at no time refers to all older women.

What then are these myths and stereotypes? What effects have they had on older women? What are the realities about older women and what is being done to make them known? The answers to these questions are important to every female: those who are old and those who will one day be old.

Myths and Stereotypes

The image of the older woman as an inactive, unhealthy, asexual, and ineffective person has been perpetuated over the years through the transmission of inaccurate information. The cultural denigration of older women is taught through fairy tales and children's picture books. Adult magazines and television programming foster these attitudes through adolescence and young adulthood. Regardless of what profession or status a woman holds, she still sees aging as a negative aspect of her life. This stems in large part from the negative reception she encounters in the outside world. The myths that have been created about older women have led to the stereotypes that exist in American society today despite the truths that are evident to those who know or have studied older women. Efforts are being made, however, to dispel the many current misconceptions about older women.

After looking at the facts available on the older woman as presented in various research reports and scholarly journals, Payne and Whittington (1976) tried to "demythologize" the older woman. They have indicated that the three major components of an older woman's life around which the stereotypes center are health, marital status, and leisure activities. Authorities differ as to the source of the myths or which of the stereotypes are most widely believed but they generally agree as to the nature of the stereotypes.

For the most part, treatment of the older woman's image has been rather negative. Older women have been ridiculed in numerous jokes; they have been depicted as old maids, making efforts to conceal their age. In essence, these attempts at humor reflect social attitudes toward the aging woman (Palmore, 1971). According to Livson (1977), these negative perceptions of older women have been a part of history, carried down through time ever since early religions' beliefs incorporated a fear and envy of the mother goddess. She relates this concept to man's dependence on his own mother goddess which produced a resentment so deep that there exists within him a lasting drive to "establish dominance over woman politically and sexually--to devalue her status and deny the power he projects onto her" (Livson, 1977, p.3).

Livson's (1977) viewpoint may be strongly biased, but more and more researchers are finding it necessary to take such steps so that the existing stereotypes can be removed. Older women should not be portrayed inaccurately as objects of little value. They should be thought of as real people with diverse interests, individual needs, and valuable contributions to make.

Older women have long been regarded as sexless creatures who lack the desire or the potential to engage in sexual activities. Age does not hinder an older woman's sexual capacity. It brings with it, however, the probability that the older woman will have a smaller opportunity to find an available male sex partner, for younger men seldom approach women who are much older, and older men usually prefer younger women. With over half of the older women in the United States widowed, it is possible that many of them are inactive sexually because they lack a male partner, not because they lack the interest. Perhaps if aging in women were as socially acceptable as aging in men, the older woman would not be perceived as excluded from leading a normal sexual life. (See unit 3 for a more intensive discussion of sexuality.)

In matters of health, older women have been regarded as less healthy than older men (Riley and Foner, 1968) even though they outlive men by some seven years. The image of the older woman as a hypochondriac is another myth that is held by many, but is not supported in the literature. A longitudinal investigation by Duke University produced data that indicated no significant difference between the health of men and women as rated by themselves and physicians. Despite the contradictions as to which sex is healthier, the fact remains that on the average women do live longer than men. Palmore (1973) has attributed this longevity to the social and psychological variables of happiness, performance IQ, and socio-economic status. Other predictors have been found to be perception of health change, marital status, and how one functions physically (Pfeiffer, 1970). Older women may have an advantage over men in terms of life expectancy, but this is not so where their identity is concerned.

The image of the older woman is that of a dependent, passive woman whose identification rests upon her connection to a man. A man does not depend on a woman for his identity, whereas for many women their identity is directly related to their husband. Even after a man retires he is referred to as a retired banker, retired accountant, and so forth, while an older woman is known as a wife, a mother, a grandmother, or a widow whether she has worked or not. Although this is in the process of change,

older women are finding it difficult to shake off the identification with their husbands (Payne and Whittington, 1976). Those who have realized this type of association and are widowed discover that they are not prepared for the independence that has been thrust upon them (Kethley, 1973). Some, however, are learning to enjoy their newly found freedom. They do not want to pursue the roles which society expected of them as wives. Instead, they are looking forward to new engagements in leisure time activities or in paying occupations. Widowhood, however, brings with it more than independence for the older woman. The financial, social and psychological problems with which older women are faced at this time can be overwhelming. This is especially so for those who become widows in the later years, never having lived alone before.

Poverty is not an uncommon phenomenon for older women (see unit 12). They receive no benefits commensurate for the work they have performed as housewives. Even those who are employed receive less than employed men of the same age. For many, the new responsibility of handling the finances is an added burden. Trying to make ends meet and faced with the possibility of living for quite a few more years, older women must cope with a harsh future.

Older women must also contend with social and cultural isolation (Lewis and Butler, 1972). Although they do keep in contact with relatives, older women realize that through the loss of their husband they also lose touch with their friends. Alone, with few social acquaintances left, the older woman does not go out much. Many older women, easily victimized by thieves, muggers, and even rapists, fear to travel too far from home. It may be that older women would enjoy getting out more, but are forced into isolation.

While social isolation usually affects widowed older women, cultural isolation is a common occurrence for older women in general. The absence of older women in various forms of the media underscores this isolation. For example, women over the age of sixty are noticeably lacking in American magazine fiction (Martel, 1968). Television is also guilty of keeping the older woman out of sight. Although older women outnumber older men in the real world, they are significantly fewer in number in the world of television (Northcott, 1975). This is further evidence of the lower status that women attain as they age, and the cultural belief that older women are not subjects of interest to a viewing audience.

Cultural isolation is also evident in the fact that old age in women can be a handicap for those who would like to improve their situation by returning to school or starting a new occupation. Recent studies may suggest that older women make good students and reliable employees, but the outside world is not ready to accommodate them (see units 11 and 13). Such negative attitudes and stereotypes about older women act as barriers for women who want to make changes in their lives.

More often than not, however, the older woman is perceived as not interested in such "inappropriate" activities. The image of the older woman is more likely to be that of the kind, little old granny who spends her days knitting in her rocking chair and attending church socials. Many women over sixty have considerable free time, and are reported to

have many interests. Older women have indicated that they enjoy reading, playing with children, gardening, cooking, and belonging to various organizations (Havighurst, 1961; Payne, 1973).

Religion can also play a very important role in the life of the older woman. In one study, it turned out to be the most important thing for a majority of the elderly women sampled (Taves and Hanson, 1963).

In addition to participating in religiously affiliated groups, older women frequently serve as volunteers to various organizations, particularly those that are charitable. Older women turn out in greater numbers than older men as volunteers, but they have a higher drop-out rate. Perhaps this will change, because older women are beginning to realize that their roles as volunteers are valuable and instrumental (Payne, 1975).

Given the negative image of older women as viewed by society, one would expect them to have a multitude of psychological problems (see unit 5). The information available on this subject is conflicting. It is reported that women of middle-age suffer mental disorders three to four times as much as middle-aged men (Bell, 1975). As women age, it is said that they have a greater probability than men of having psychiatric difficulties. Many of the older woman's problems are thought to be directly linked to menopause. In fact some doctors tend to treat the older woman's health problems, regardless of the symptoms, as a postmenopausal syndrome or as senility (Beeson, 1975).

Some theorists argue over the effects of widowhood and retirement on the psychological status of the older woman. While role theorists claim that widows or women who retire undergo few problems in making the required adjustments, articles written by older women and studies of older women reveal that these periods in their lives are indeed emotionally stressful. Retirement brings with it the likelihood of significant psychological trauma, and there is no evidence that women come out psychologically unscathed from the loss of a mate (Lowenthal, Berkman, and Associates, 1967).

Although the image of the older woman is generally rather negative, some studies indicate a more positive attitude toward older women. In one study comparing young and old men and women on potential performance, older women were rated as objectively as the young men on the basis of their performance (Walsh and Connor, 1977). Older women are also believed to be envied for their ability to be independent (Kastenbaum and Simonds, 1977). According to Safilios-Rothchild (1977), this independence is a cross-cultural phenomenon that is achieved by post-menopausal women. The authors contend that until more research looks at the differences between older men and women, it will be impossible to separate the misconceptions from the reality of the older woman's existence. While there is some basis for the minority viewpoints expressed by these people, most of the stereotypes and attitudes toward older women are negative. It is also becoming evident that these negative perceptions of older women are held not only by society but also by older women themselves.

Self-Image

Just as there are different opinions as to the way in which older women are perceived, so too are there differing points of view as to the older woman's self-image. It would probably be more accurate, therefore, to avoid making any generalizations about how older women see themselves, for it is from just such statements that stereotypes and misconceptions are formed. Reviewing the information that is available on the older woman's self-image is important, however, so that the accumulated evidence can be interpreted and the differences discerned.

One major contention is that older women have not accepted society's perception of them. It is suggested that older women have rather positive self-images that reflect their personal attitudes; those older women who have negative self-images in old age more than likely had a negative self-image in their younger years (Clark and Anderson, 1967). This theory was further supported by a longitudinal study in which the personality of young parents continued into old age (Maas and Kuypers, 1974). It must be noted, however, that older women encounter more discontinuities in life which can effect the ego-identity, and so these women may be subject to a change in personality.

It has been reported (Clark and Anderson, 1967) that older women have a more positive self-image than older men, because they are more socially involved and have more friends. Self-report data indicate that in later life men and women differ slightly in their self-ratings; women become more positive about their image as they age (Lowenthal et al, 1975). Further, women in the pre-retirement stage are beginning to view themselves as less dependent, less helpless, less disorderly and self-indulgent, and as more assertive and effective.

Those who contend that older women have positive self-concepts rely upon the lack of support of the women's movement by older women as further evidence. The implication is that if older women were dissatisfied with their lives, they would join the women's liberation and voice their objections. What is not considered, however, is the fact that it would be very difficult for older women to speak out against the very roles which they performed for a greater part of their lives. By doing so, they would, in effect, be attacking the source of their own self-esteem. Avoidance of the women's issues may be a necessary means of defense for older women, but it does not necessarily imply that older women have positive self-images (Janeway, 1973).

While some of the literature portrays a positive self-image of older women, a major portion provides evidence to the contrary. In one personal account older women are called "retreads" who, because of "isolation, socialization, or mind-set, think our shaky confidence, malaise, boredom, feelings of going-to-waste, guilt about wanting to do 'selfish' things on our own, are part of some private, personal hang-up" (Bergquist, 1973). This type of attitude in older women has been associated with several identity crises which some of them encounter.

One identity crisis is said to begin at the first sign of the "empty nest" syndrome which occurs when the children have all moved away from

home. Women who have devoted their lives to a strong family orientation find themselves facing new feelings of anxiety and depression upon this loss of a major role (Higgins, 1975). This may not be true for all women, however, as is pointed out in one study where older women, relieved to be free of the responsibilities of raising a family, had more positive self-concepts (Lowenthal et al, 1975).

Another identity crisis in older women reportedly occurs when they become widows. In addition to the trauma associated with the loss of a loved one, the widow must deal with the loss of her role as a wife. In many cases, this role loss is significant particularly when the identity of the widow is enmeshed in her husband's identity.

For women who have achieved their own identity through recognition of their accomplishments, the sense of role loss may not arrive until retirement. Even so, these older women may not have the high self-esteem that might be expected, because they are rejected by other women who may be envious or who may look down upon a role that is not deemed feminine (Janeway, 1973). It is also possible that older women who are considering a re-entry to the labor market will be going into it with a lack of confidence in their abilities, and will have their low self-image further diminished by employers who are reluctant to hire them. If, however, these women do re-enter the work force, the hope is that their self-concepts will improve as they make more contacts, bring more money into the home, gain the respect of their husbands, and encourage self-reliance in their children (Bergquist, 1973).

There is little doubt, however, about the self-image of someone who makes the comment, "There is no prestige attached to having sex with me" (Moss, 1970, p.174). Dependent on physical appearance and youth for part of their identity and self-worth, older women are forced to think less of themselves, because facial lines and wrinkled skin are devalued in American society. Positive feedback is important for self-esteem, but older women are least apt to receive any. Women are expected to not only look young and feminine but to act feminine. Expecting older women to engage in more feminine roles, however, may be more damaging to the self-concept than would be imagined. It was discovered that pre-retirement women who endorsed the feminine role or rejected the masculine role ranked higher on self-criticism (Lowenthal et al, 1975). This might be one explanation for the decreasing differences between men's and women's self-concepts as they grow older, for older women are known to assume feminine interests but to have masculine personalities (Huyck, 1974).

In some of the literature, older women are reported as having positive self-images, while in other writings, including personal interviews and research studies, older women have negative self-images. Thus, at this point, it would be impossible to make a blanket statement about the self-images of older women. It is only feasible to present the information that is available and emphasize the need for research on the subject.

A look at some of the statements made by older women will further illustrate the problems involved in attempting to determine how women view themselves:

If people would quite accenting age -- I'd probably never realize I'm 51, but when I'm turned away from the YWCA because I'm too old...I'd forgotten what the 'Y' stood for in YWCA (Brown, 1973).

I don't have any fears and tragedies that I had when I was younger. I can say what I feel, I am not embarrassed by many things any more, and my personality is better (Lowenthal et al, 1975).

Older women are in a double bind: we are expected to feel inferior not only as women, but also because we are too old (Janeway, 1973).

Think what it is... to be told every day that you are not a woman but a tired object that should disappear I am bitter and frustrated and wasted...(Moss, 1970).

I really like people. I am the kind who gives a lot ...I have the nature that makes people lean on me (Clark and Anderson, 1967).

We're frightened of leaving the secure nest, the pale where we have things under control (Bergquist, 1973).

These comments seem to indicate that although older women have different self-images, these images derive from a common focus on the social roles of women. Understanding the process of socialization in women may shed some light on the importance of social roles as they relate to the self-images of older women.

Socialization

By the time women have reached old age, they have experienced a series of roles that are both continuous and discontinuous (Prock, 1975). These roles are the result of a process of socialization through which women have learned to adapt to and carry out certain social expectations. It is also the process that determines which norms, standards, and values are transmitted from generation to generation (Neugarten and Danan, 1973).

The perception that they have not lived up to the expectations of society may cause some older women to undergo an identity crisis. In one study on femininity, the authors (Pishkin and Thorne, 1977) concluded that women face problems in relation to their roles as mothers and wives and also about their social roles. These problems are being revealed by the increasing number of women who are finding it difficult to cope with the pressures imposed upon them by society and who are at odds with their own needs for personal fulfillment.

Today's older women have been socialized to the extent that they have learned to live with the traditional female role of passivity and subordination. This may account in part for their relatively inactive role

in women's liberation. Many older women have been socialized to accept their role as the force behind a man's success, but not to expect to do anything that will receive visible recognition and many achieve recognition by being public sponsors of the arts or other similar pursuits.

Kline (1975) suggests that "role inconstancy rather than constancy may account for feminine resilience in old age". Not only do these roles change, but they also tend to overlap and conflict with each other. It is believed that women who handle these roles successfully will better enjoy their old age.

The one role with which most older women can identify is that of the housewife and mother. These women have grown up believing that they would not be complete without bearing children. They see it as a role that takes priority even over their roles as housewives. In the past motherhood left little room for much else, and so when it was time for the children to leave home, these older women were perplexed as to what to do with the extra time and how to fill the void made by the role loss. These women often suffer from the "empty nest" syndrome.

The role of wife also changes with divorce or the death of the spouse. For women the role of spouse is rated more highly than for men (Zimmerman, 1974). For older women such as displaced homemakers and widows, social roles change radically upon the loss of a mate. Being single in old age is in no way comparable to being young and single. Society does not plan for these older, single women.

Plans have not been made for older women in the world of employment either. Women who have worked for wages most of their lives are accommodated in the job market, but few employers want to bother with older women who have no skills (see unit 11). Today's older women hadn't anticipated having to work outside the home once they were married. They hadn't foreseen the possibility that inflation would make them poverty stricken in old age.

For older women, retirement implies more than just retiring from an occupation. As she grows older, a woman might retire several times. She might retire as a housewife, as a mother, or as an employee. Each retirement requires the woman to make adjustments, and it is proposed that these repeated adjustments to change facilitate the adjustment in old age (Kline, 1975). Such impermanence in life roles was found to be a contributing factor to the life satisfaction of women between the ages of fifty and sixty, thereby indicating that the socialization of women in later life can be just as influential as that received in their younger years (Mulvey, 1963).

More recently, however, it has been mentioned that retirement from the working forces by older women is just as difficult as it is for older men (see unit 11). Differences in work orientation between older men and women are negligible, and women do regard work to be important for them, not only for financial reasons. In many cases retiring older women exhibit the psychological symptoms of loneliness, anxiety, depression, and an unstable self-concept (Atchley, 1976).

The effects of retirement on older women are signals of a changing image of older women brought about by a change in the socialization of women. One source warns that women in industrial societies may attain equal status with men, but at the expense of becoming depersonalized (Murphy and Murphy, 1976).

Although the older women of today may be only slightly affected by the women's movement, older women of the future will certainly show the impact. What these effects will be can only be surmised. It will be a number of years before the accuracy of the predictions is known.

Women are beginning to receive help through counseling and discussion sessions on various unexplored topics, such as the problems encountered in role changes. Older women of the future will have more models of women who have been recognized and honored for their achievements. The goal for these women will be self-actualization, which hopefully will be society's expectations for women. Older women should be able to look back on their lives with satisfaction knowing that they have accomplished their goals whether they be raising a family, pursuing a career or both. Women who never marry will not be pitied, and women who marry will be treated as an equal partner in the marriage.

So that the images of older women, today and in the future, will be viewed more positively by older women and the rest of society, all stereotypes must be challenged. Older women must be depicted as they are, with diverse interests and lifestyles, expressing their individuality in different ways, and having, through their life experiences, valuable contributions to offer to willing recipients.

Older women are beginning to make their presence felt by joining forces in such organizations as the Gray Panthers and NOW. As older women, who were previously kept out of the public eye, become more and more visible, the existing negative and stereotyped images of them will eventually disappear. As people have contact with the increasing numbers of older women returning to the college campus and re-entering the job market, more accurate perceptions of older women will be transmitted to the public.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. What makes a woman seem old? What makes a woman seem young?
2. How do attitudes about middle-aged and older women reflect society's view of aging?
3. What are appropriate activities for middle-aged and older women?
4. Have you ever felt uncomfortable because a middle-aged or older woman was doing something inappropriate? What was she doing? Why did it make you feel the way you did?
5. What do you think you will be like at age 40, 60, and 80? Is this similar to or different from what your mother and grandmother are like?
6. In what ways are media portrayals of middle-aged and older women accurate? In what ways inaccurate?

SUGGESTED ACTIVITIES

1. Have students respond to the Norms Inquiry (on the next page). After this has been completed, the class should discuss as a group their responses.
2. Clip cartoons from magazines such as The New Yorker and Better Homes and Gardens. Post these on a bulletin board so all can be seen by the class. Discuss the various ways in which middle-aged and older women are portrayed.
3. Have students examine magazine advertising. In what percentage of ads do middle-aged and older women appear? What types of products are they selling? How do these ads compare to those featuring younger women?
4. Have students examine commercials on television for the same things listed in activity 3. Compare the TV commercials to the magazine advertising. Which medium presents a more stereotypic portrayal? Why might this be so?
5. Have students observe television programming for a week. (Different students can watch at assigned times in order to minimize individual time commitments.) How often do middle-aged and older women appear as characters? What kinds of characters do they portray? Are the roles major or supporting? Are they regularly scheduled characters or guest appearances? How do prime time (7:30-11:00 pm) programming and daytime programming differ in terms of older women as characters?
6. A number of sources can be examined for portrayal of older women in much the same way that advertising and television programming are examined. Examples of sources would include: children's picture books; adolescent reading material; adult fiction; stories in women's magazines; movies; and plays.

Norms Inquiry

Directions: Please supply three or four adjectives that best describe a man in his

20's

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

40's

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

60's

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

80's

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Now go back to the beginning and supply three or four adjectives that best describe a woman in the same age brackets.

After students have completed the norms inquiry, responses should be discussed as a class. Two components should be examined during this discussion. First, differences between males and females at each age level should be explored. Are the women portrayed in "typical" female roles? Second, female roles should be scrutinized for changes over the life span. Are certain adjectives eliminated as a woman ages? Are the adjectives increasingly complimentary or do they become more negative for the older brackets?

This inquiry can also be administered at the close of a semester or workshop session in order to determine whether student attitudes have altered as a possible result of exposure to information on older women. The posttest can be compared to responses on the pretest in order to make that evaluation.

UNIT TWO

A DEMOGRAPHIC PROFILE OF THE OLDER WOMAN

Demographic data on older women reveal some important trends occurring since the beginning of the twentieth century which significantly affect their status. In examining the statistical information on specific issues concerning the older woman as provided by various sources across time, numbers alone are not significant unless they can be interpreted with some meaning in terms of cause and effect. Why have these numbers changed and in what ways will they have an effect on the future of older women in the United States?

The data, as they appear in current statistical reports, focus on the following topics with regard to older women: Population Distribution; Geographic Distribution; Life Expectancy; Marital Status; Living Arrangements; Education; Employment; and Income. These issues of concern indicate that being an older woman probably has more disadvantages than advantages. Older women may live longer than older men, but they have a greater probability of being less educated, of being poorer, and of living alone. With their increasing numbers, such women are placing demands on the nation that can no longer go unheeded. While the information provided by demographers has brought about some understanding of the plight of the older woman, it has also given some insight into the future elderly female population, thereby enabling the possibility of improvements being made for tomorrow's older woman.

Population Distribution

In the United States today, most persons aged 65 and older are women. In 1900 approximately 50% of the elderly population were women. By 1977 this figure had risen to 59%. As of July 1977, 13.7 million women over 65 years of age constituted 6% of the total population of 216.8 million, and 12% of all women. Since 1900 these older women consistently became a larger proportion of the female population (See Table 2.1).

TABLE 2.1

WOMEN IN THE POPULATION BY AGE: 1975

Age	Millions of Women		Percent of all Women		Percent of Total Population
all ages	109.4	(103.8)	100	(100)	51
less than 15	26.3	(27.4)	24	(26)	12
15 - 24	19.9	(20.1)	18	(19)	9
25 - 44	27.2	(26.3)	25	(25)	13
45 - 64	22.7	(20.8)	21	(20)	11
65+	13.2	(9.2)	12	(9)	6

(Figures for men appear in parentheses)

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-23, No. 58.

Between 1960 and 1974 the number of older women increased 42% as compared to 18% for the total population and 32% for the older population. Projections for the year 2000, as presented in Table 2.2, indicate that although the number of older women will continue to increase, the distribution among separate age groups will decrease for the 65-69 year olds, remain stable for the 70-74 year olds, and increase for those in the over 75 age groups. These shifts in the distributions reflect the fact that women are living longer, and an increasing number of women will live beyond the age of 75.

TABLE 2.2

AGE DISTRIBUTION OF THE POPULATION OF WOMEN
65 YEARS OLD AND OVER IN 1977 AND 2000

Age	Population (Numbers in thousands)		Percent Increase 1977-2000	Percent Distribution	
	1977	2000		1977	2000
65+	13,760	18,558	34.9	100.0	100.0
65 - 69	4,708	5,002	6.2	34.2	27.0
70 - 74	3,542	4,688	32.4	25.7	25.3
75 - 79	2,474	3,849	55.6	18.0	20.7
80 - 84	1,731	2,697	55.8	12.6	14.5
85+	1,304	2,323	78.1	9.5	12.5

Source: U. S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-25, No. 601.

An examination of the racial composition of the older female population points to an increase in elderly minority women that in no way compares to the proportional gains made by older white women. Only 7.7% of the black population in 1974 was comprised of women over the age of 65, whereas older white women accounted for 11.9% of the white population. These large differences have been due, in part, to the higher fertility of the black population (causing larger percentages of young blacks), a lower rate of mortality among young blacks (resulting in greater numbers of blacks at younger ages), and to the large number of adult non-black immigrants prior to World War I.

Blacks, however, fare much better than older women of Spanish (Mexican-American, Puerto Rican, Cuban, and South American) origin. In 1974 only 3.8% of the female population of Spanish origin were over 65 years old (U.S. Dept. of Commerce, 1976). This low percentage is due in part to many of the same factors affecting the black population. In addition, more males than females were among the immigrants of Spanish descent.

Among the 13.2 million elderly women in the United States in 1975, 91% were white, 7% were black, and approximately 2% were of Spanish speaking origin. Other minority ethnic groups, such as Asians and native Americans made up less than 1% of the total female population aged 65 and over (See Table 2.3).

TABLE 2.3

PERCENTAGE OF WOMEN IN ETHNIC AND RACIAL GROUPS, BY AGE: 1975

Age	All Women	White	Black	Spanish Speaking
all ages	100%	85%	10%	5%
less than 15	26.3 mil	79%	13%	8%
15 - 24	19.9 mil	84%	11%	5%
25 - 44	27.2 mil	85%	10%	5%
45 - 64	22.7 mil	89%	88%	3%
65+	13.2 mil	91%	7%	2%
	109.4 mil	92.6 mil	11.3 mi	5.5 mil

Source: U. S. Department of Commerce, Bureau of Census, Current Population Reports, Series P-23, No. 58.

As the number of older women in the United States increases, so too does the ratio of older women to older men. Compared to the 13.7 million older women in 1977, there were 9.4 million older men. Projections for the year 2000 reveal a 34.9% increase to 18.6 million older women compared to 12 million men, indicating a still larger sex ratio (See Table 2.4). The large proportion of older women to older men has been the most noticeable change to occur for these age groups within the past 75 years, and is directly related to the widening gap between the male and female rate of mortality.

TABLE 2.4

RATIO OF OLDER WOMEN TO OLDER MEN: 1900 TO 2000

Year	Women/Men
1900	98/100
1930	100/100
1970	139/100
1974	143/100
1975	144/100
1977	146/100
2000	154/100

Source: U. S. Department of Health, Education and Welfare. Facts About Older Americans, 1976.

Geographic Distribution

The residential and migratory patterns of the older woman are influenced by a variety of factors including health, income, marital status, and age. Age, however, does not appear to be a determinant of whether a woman lives in an urban or rural setting. According to the 1970 census, over 70% of women at every age level were residing in urban areas, especially in central cities. Very few older women settled in suburban environments. Although reasons for this are not given, it is probable that income and transportation problems prevent the older woman from living in the suburbs. (Of the women over 65 living in rural areas, the majority are not on farms, rather they reside in small towns). A similar distribution is true for males over 65, with one notable exception: a much larger percentage of males reside in rural farm settings (U.S. Dept. of Commerce, 1976).

As one might expect, almost half of the elderly women live in the six states having the largest populations, with the exception of Florida which ranks eight. Of these six, California and New York have more than one million older women each, with Florida, Illinois, Ohio, Pennsylvania, and Texas claiming at least one half million apiece. This geographic pattern is not significantly different for men. More than likely these states will continue to have large numbers of elderly women, because most older women remain where they are. When older women do move, however, it usually consists of

going to a place designed for retirement, settling in a small town, moving in with relatives, or returning to one's country of origin (U.S. Dept. of Commerce, 1976).

Life Expectancy

The years remaining in a person's life upon reaching a certain age is referred to as one's life expectancy. Older women have a longer life expectancy than older men.

Life expectancy rates can be very deceptive, since they account for several subtle variables. First, they reflect infant and child mortality rates which, when taken into account, effectively lower life expectancy. Those individuals who live to age 65 tend to live longer than the average life expectancy because they have bypassed the possibility of childhood death. Those males who live to age 65 should live another 13 years to age 78. Those females who live to age 65 should live another 18 years to age 83. (67% of all males and 81% of all females live to age 65).

Second, life expectancy rates must account for cohort effect. Because each generation is exposed to advances in prenatal care, childbirth practices, immunizations, and other medical practices, as well as increased knowledge about nutrition and hygiene, successive generations can expect longer life spans. It is meaningless to state that women have a life expectancy of 81 without indicating to which cohort they belong. A baby girl born in 1900 could expect to live to age 48, while a baby girl born in 1977 can anticipate an 81-year life span (See Table 2.5).

TABLE 2.5

LIFE EXPECTANCY FOR WHITES, BY COHORT

Cohort	Females	Males	Differences
1900	48.3	46.3	2.0
1910	51.8	48.4	3.4
1920	54.6	53.6	1.0
1930	61.6	58.1	3.5
1940	65.2	60.8	4.4
1950	71.1	65.6	5.5
1960	73.1	66.6	6.5
1965	73.7	66.8	6.9
1970	74.6	67.1	7.5
1975	76.5	68.7	7.8
1977	81.0	71.8	9.2

Source: The Washington Star. The World Almanac Book of Facts, 1978, p.955.

Although the mortality rate for both males and females is decreasing, in 1974 the rate for men was 90% higher than for women. If the death rates remain the same, 81% of females as opposed to 67% of male children will live to be 65. Males appear to have a higher death rate almost from the beginning. Despite the fact that more male babies are born than females, the numbers tend to even out by the time they reach their twenties. Infant mortality is greater for males than females, because males have more genetic defects and are more vulnerable to disease.

Factors affecting the woman's longevity might be traced back to the environment or to individual heredity. Despite the changing roles of men and women, men more frequently achieve positions that are very physically and mentally demanding. Additionally, they are more frequently victims of accidents and homicide. It has often been noted that women seem to have a better or stronger capacity for survival. For the most part, however, the life expectancy for the woman has been enhanced by the reduction of deaths caused by difficulties during childbirth and pregnancy. In addition, diseases causing death among the elderly, such as heart disease and cancer due to smoking, affect men more so than women.

The mortality rates for males and females are quite distinct for all races, but especially so for white males and females. Although the life expectancy for older women of different racial and ethnic groups at age 65 is greater in comparison to the men of these groups, older white women still live longer than older women of other backgrounds. In 1973, white women at age 65 could expect to live 1.1 years longer than black women of the same age. This is a remarkably small difference, considering that the average life expectancy for blacks has almost doubled since 1900. This increase is a result of the decrease in immigration, the reduction of white childbirths, and the improved health conditions of blacks.

Health problems are a major concern to the elderly population regardless of race. It is also a costly concern, because three times more money is spent on health care for the elderly than for young persons (Kimmel, 1974). Very little demographic data are available on the older woman and her health, but what is known is not particularly heartening. Older women may live longer than men, but they also have a greater chance of acquiring some kind of disability which will limit their activities to a great degree for a long period of time. 85% of women over 65 have some kind of chronic health problem. The incidence of heart disease is twice as high for men as for women between the ages of 65 and 74 and cancer is also more likely to occur in older men than women, but these two diseases are also the leading causes of death in the elderly female population (Kimmel, 1974; U.S. Dept. of Commerce, 1976). Older women are more fortunate than older men in that they are apt to receive earlier diagnosis and treatment for their ills.

Marital Status

In 1970, thirty-one percent of 25 year old women who married 30 year old men could expect to be widows before the husbands reached age 65, and 42% would be widowed after the husband passed the 65 year old mark. By 1975, of the men over 65 years of age, 77% were married compared to 52% of the women who were widows (See Table 2.6). In 1976, an estimated 7.2 million women over 65 were widows, 948,000 were single, and 3.9 million were married. By the age of 60, twenty percent of American women are widows, by 65, the average is fifty percent, and by the age of 75 almost 68% are widows. In 1977, there are 5 times as many widows as widowers.

Projections for the year 2000 show a decrease in the percentage of women over 65 who have never married, while at the same time indicating that a much larger proportion of older women will be divorced. A 10% increase, from 12% to 22%, is expected between 1975 and 2000 in the number of women being divorced (Glick, 1977). This is certainly going to have an effect on the numbers of single elderly women. The older woman has few chances of getting married. More than one-third of the eligible older men will marry younger women, and most elderly men are already married. Three out of four elderly men over age 65 are married as compared to one out of three women (Troll, 1971).

There are several explanations to account for the low number of married elderly women. The higher mortality rate for older men coupled with the fact that most men marry women younger than themselves tend to create more widows than widowers. There are a great many women over the age of 65 and very few men. While it has long been socially acceptable for older men to marry younger women, there exists a strong taboo against older women marrying younger men. As a result many older women live alone.

Living Arrangements

Of women over 65 years of age in 1975, 56% were members of families, 35% had husbands as head of households, and 9% were themselves family heads. In 1976 an estimated 38% of women over 65 were living alone, while for men the figure was closer to 14%. Only a small proportion of older women (6%) are institutionalized at any given time, although most of these women will reside in an institution at some point. Projections for 1984 show a greater number of women living alone (See Table 2.7).

TABLE 2.6

MARITAL STATUS BY AGE AND SEX: 1975 (PERCENTAGES)

Age	Never Married		Married		Separated		Divorced		Widowed	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
14-24	68.9	81.6	26.6	16.7	2.8	1.0	1.6	.6	.1	.05
25-34	10.9	17.2	76.2	74.7	5.4	3.4	6.8	4.6	.7	.1
35-64	4.8	6.9	74.5	83.1	4.0	3.3	6.6	4.8	10.1	1.9
65+	5.8	4.7	37.6	77.3	1.5	1.9	2.6	2.5	52.5	13.6

Source: U. S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-23, No. 58.

TABLE 2.7

LIVING ARRANGEMENTS OF WOMEN 65 YEARS OLD AND OVER
IN 1976 AND 1984 (PROJECTED) BY AGE: UNITED STATES

Age and Sex	Total 1976 and 1984	Married Spouse Present		Living Alone		In an Institution		Other (with children, sibling or other relatives	
		1976	1984	1976	1984	1976	1984	1976	1984
65+	100	34	35	38	43	6	6	22	16
65 - 69	100	49	49	30	32	2	2	19	17
70 - 74	100	40	41	41	46	3	3	16	10
75 - 79	100	30	32	46	51	6	6	18	11
80 - 84	100	14	14	43	48	12	12	31	26
85+	100	8	8	31	35	25	27	26	30

Note: Numbers for 1984 assume one-half as much change after 1976 as occurred between 1970 and 1976.

Source: U.S. Dept. of Commerce, Current Population Reports, Series P-20, No. 306.

Education

As there are changes in the quantity of older women, so also are there changes in the quality of life for the older woman. The rate of illiteracy among the older population will consistently decrease as fewer persons are foreign born and as illiterate members of groups such as native Americans, blacks, chicanos, and southern whites die out. The younger, more educated members will eventually fill the ranks of the older age groups.

In 1974, more than 66% of the women aged 25-64 had at least a high school education and 11% had completed college. These figures are less for women over 65: 33% had finished high school and 6% college. The median number of school years for women who will be over 65 in 2000 is projected to be 12.1 in comparison to the 9.4 years attained by the older woman of 1975. The Continuing Education

movement is, in large part, responsible for this change. More and more older women are opting to complete their education which had been pushed aside previously for home and family duties. (See Unit 13 on Continuing Education). Although older women have less education than older men, both should have 12.1 median school years by the year 2000 (See Table 2.8).

TABLE 2.8

EDUCATION OF PERSONS 65 YEARS OLD AND OVER
IN 1975 AND 2000 (PROJECTED): UNITED STATES

Sex and year	Total	No high school	Incom- plete high school	Com- pleted high school	Incom- plete colle	Com- pleted college or more	Median school years
MEN 65 AND OVER							
Number in 2000	12,041	3,384	2,453	3,378	1,226	1,603	-
Number in 1975	8,772	4,588	1,224	1,467	624	820	-
Percent in 2000	100.0	28.1	20.4	28.1	10.2	13.3	12.1
Percent in 1975	100.0	52.5	14.0	16.8	7.2	9.4	8.9
WOMEN 65 AND OVER							
Number in 2000	18,558	4,478	4,051	6,668	1,920	1,440	-
Number in 1975	12,405	5,952	1,926	2,708	1,036	784	-
Percent in 2000	100.0	24.1	21.8	35.9	10.3	7.8	12.1
Percent in 1975	100.0	48.0	15.5	21.8	8.4	6.3	9.4

Note: Total population 65 years old and over in 2000 was distributed by the educational percent distribution shown for 2000, which in turn was based on the cohort 35 to 64 years old in 1970

which will be 65 to 94 years old in 2000.

Source: U.S. Dept. of Commerce, Current Population Reports, Series P-25, No. 601.

Employment

Changes have occurred for the older woman in terms of her participation in the labor force in the last few decades. More and more older women are looking for work, often out of necessity. Despite the fact that only one out of thirteen older women, compared to 1 out of 5 older men, was job hunting in 1976, the middle aged and older woman's participation in labor force has doubled since 1954 (see Table 2.9). In 1960 the rates leveled off; recent reports indicate that these rates are remaining fairly steady. In 1975 between 8 to 10 percent of the population of older women were employed, whereas over 20% of older men were in the labor force.

TABLE 2.9
PERCENT CHANGE OF WOMEN IN LABOR FORCE BY AGE;
1950 TO 1974 AND 1974 TO 1990

Age	Change, 1950-1974	Change, 1974-1990
16 years and over	94.9	21.8
16 - 19 years	133.7	-20.4
20 - 24 years	118.8	- 0.7
25 - 34 years	90.8	36.4
35 - 44 years	52.5	60.8
45 - 54 years	100.9	10.1
55 - 64 years	126.1	20.3
65 years and over	70.5	39.7

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-23, No. 58.

The amount of education of older women appears to be correlated with the amount of time these women will work. For women between the ages of 30 and 44, having at least one year of college, 21% have worked an average of six months out of every year since leaving school. Women in the same age group having completed college will work an average of 8 months out of every year since leaving school. These data suggest that women with a higher level of education will probably work more than those with less schooling, and in turn will probably earn more in wages. Unfortunately, the woman currently between the ages of 45 and 54 has, on the average, only been working about half the number of years as the average man in the same age group, and therefore, will have less income and less opportunity to see her earnings reach their potential peak, and receive significantly less upon retirement.

Income

If a person is a female over the age of 65 in the 1970's she will have more than a 50% chance of being poor. Women constitute 65% of the elderly who are poor. The elderly person is expected to survive on less than half of what a young person receives as income. Women over 65 had the smallest income of all women over the age of 35 who were employed (See Table 2.10).

TABLE 2.10

MEDIAN INCOME OF YEAR-ROUND FULL-TIME CIVILIAN WORKERS
14 YEARS OLD AND OVER WITH INCOME BY AGE AND SEX: 1974

Age and Sex	1974	
	Number (in thousands)	Median Income
WOMEN		
Total with income . . .	18,017	\$6,957
19 years	467	3,875
24 years	2,704	5,849
34 years	4,411	7,604
44 years	3,410	7,418
54 years	3,943	7,359
64 years	2,716	7,044
65 years and over . . .	365	6,085
MEN		
Total with income . . .	38,915	\$12,152
19 years	696	4,492
24 years	3,567	7,709
34 years	10,492	12,037
44 years	8,617	13,586
54 years	8,753	13,641
64 years	5,776	12,454
65 years and over . . .	1,009	8,670

Source: U. S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-60, Nos. 99, 80, and 37.

There also appears to be some relationship between the older woman's living arrangements and her income. In 1974, older women living alone had lower incomes than women who were heads of families. About 33% of women who lived alone were below the poverty level, while only 13% of families headed by older women fell into this category. Over half of the families with women as heads brought in less than \$7,723 and 10% made less than \$3,000; 19% received between \$10,000 and \$15,000; and 18% got over \$15,000.

Despite the problems which constantly confront them, older women appear to have a superior vitality that enables them to live more years than most men, but this longevity is a mixed blessing, since older women today are poorer, less educated, less employed, and more alone than older men.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why do older women have a greater probability of being less educated, poorer, and living alone than older men?
2. How can demographic trends provide insight regarding the future elderly female population?
3. As more and more women live an increasing number of years, what demands will be placed on communities in terms of social services, housing, transportation, and other related issues?

SUGGESTED ACTIVITIES

1. Determine what percentage of the population will be over age 45 in the year individual students will be 45; repeat for age 65. What effect could these percentages have on individual lifestyle and on society as a whole?
2. Have students determine what demographic data exist for their own community, town, city, and/or state. Issues for research could include: distribution of older women within the population; mortality rates; housing arrangements; and income levels. Results could be examined in order to determine how similar (or dissimilar) the locale studied is to the nation.
3. A Federal Agency has been created to deal specifically with the current statistical trend regarding older women. As Director of this agency, with what issues would you deal, and what programs, policies, or other actions would you implement? Delineate how your actions would impact on older women.

UNIT THREE

MENOPAUSE AND SEXUALITY

MENOPAUSE

In a culture where sexual appeal and motherhood are deemed virtues of the highest calibre, menopause for women often signals a figurative "end of life" rather than "change" of life." America's youth-oriented culture results in both men and women viewing menopause as the inexorable descent of woman into middle and old age. One common misconception is that menopause marks the end of sexual interest and activity. Because children are moving out of their parents' homes at about the onset of menopause, it also may be interpreted as the end of a woman's social role -- childbearing. These cultural beliefs cannot help but have a heavy psychological impact on the woman experiencing a normal physical change.

According to the Boston Women's Health Collective (1973), the popular image of the typical menopausal woman "is negative -- she is exhausted, haggard, irritable, bitchy, unsexy, impossible to live with, driving her husband to seek other women's company, irrationally depressed, unwillingly suffering a 'change' that marks the end of her active (re)productive life" (p. 229).

This view of menopause as an affliction causes women to avoid admitting they are menopausal. They fear going crazy, losing their husbands, and being relegated to the discard heap (Women's Medical Center, 1977). Those women who approach their doctors with problems are often tagged as neurotic and treated with tranquilizers, such as Valium, or with estrogen. In fact, many women with physical or emotional problems are labeled as "menopausal" by doctors and treated accordingly, when in fact menopause may not be the cause of their ills at all.

Such myths and stereotypes will not be rejected until women begin to understand the physical and emotional changes that accompany this normal process called menopause.

What is Menopause?

Menopause means cessation of menses and is one component in the climacteric, the entire process of gradual transition from reproduction to non-reproduction. (Climacteric is Greek and means, literally, "rung of the ladder.") The climacteric involves three phases, characterized by physicians as pre-menopausal, menopausal, and post-menopausal. The climacteric usually lasts 10 years, from age 45-55, and results from changes in the body's regulatory processes.

The more important regulatory influences emanate from the higher levels of the brain, especially the hypothalamus and the cerebral cortex. A nerve tract passes from the hypothalamus through the pituitary stalk to the cells of the posterior lobe. The hypothalamus secretes hormones which travel to the pituitary gland, and are stored there until needed. Among these are the gonadotropic hormones, which are directly involved in the processes of menstruation and menopause. Gonadotropic hormones have two roles. They maintain the production of gametes (sperm and ova) and they stimulate the secretion of sex hormones.

In females, the activities of the ovary are controlled by these gonadotropic hormones. One of them, called follicle stimulating hormone (FSH), stimulates the maturation process in the follicles. However, FSH by itself does not induce ovulation. A second hormone, luteinising hormone (LH), is required. This hormone, in combination with FSH, stimulates secretion of estrogens by the follicle and brings the follicle to the state at which ovulation occurs. In addition, LH is required for the development of the corpus luteum and the secretion of progesterone.

In the normal menstrual cycle, FSH is released by the pituitary gland, causing the maturity and release of eggs (ova). The ova, in turn, cause the release of progesterone which causes estrogen levels to rise. The estrogen causes menstruation (endometrial bleeding). During the pre-menopausal stage, the ovaries are increasingly less responsive to FSH. This lessened responsiveness to FSH leads to a reduction in the number of ova released. The reduced progesterone levels are not sufficient to increase estrogen to a level where bleeding will occur, resulting in a "skipped" menstrual period. The hypothalamus may then overreact, producing excessive FSH in order to stimulate the ovaries and re-establish the usual cyclic feedback of estrogen and progesterone.

The outward signs of these hormone changes are irregular menstrual periods. The most usual pattern involves a lighter and lighter flow each period with a longer and longer interval between periods. Some women will experience shorter intervals and heavier flow.

Symptoms of Menopause

The average age of menopause in the United States is 50. Menopause is considered to have taken place when 12 consecutive months have passed without a period.

A number of symptoms accompany the menopause, although only two, hot flashes and vaginal atrophy, are thought to be directly related to decreased estrogen levels. The hot flash is the most commonly reported symptom associated with the menopause, and is an unexpected, uncontrollable but brief wave of heat that sweeps over the woman's body. Especially severe cases leave the woman soaked with perspiration, but the majority of women do not exhibit visible symptoms of this discomfort.

Control of body temperature depends on the hypothalamus. The anterior (front) hypothalamus responds to heat, and acts to increase heat loss in two ways. One of these involves sweat secretion, which increases heat loss by evaporation. The second involves dilation of blood vessels in the skin, which causes the surface temperature of the body to approximate the core temperature, with the result that more heat is lost by conduction and evaporation.

The posterior (rear) hypothalamus responds to cold by increasing heat production. Blood vessels in the skin constrict, minimizing heat exchange between the core and the cool surfaces of the body. Chilling causes shivering and a hormonal discharge which increases body metabolism, and consequently, heat production.

During a hot flash, inaccurate signals are sent to the posterior hypothalamus. The hormone to increase body metabolism is activated and the resultant heat production causes the hot flash, which can last from several seconds to several minutes.

Vaginal atrophy seems to be directly related to lower estrogen levels. The inner lining of the vagina becomes drier, thinner, and less elastic. This can lead to painful intercourse for some women, although women with a history of regular sexual activity appear to be less prone to painful intercourse than women with more erratic sexual histories.

Estrogen deficiency also affects the secondary sex characteristics of post-menopausal women. Skin tone and elasticity are lost, resulting in wrinkles and sagging breasts.

Other symptoms, such as thinning hair, weight gain, headaches, insomnia, dizziness, nausea, osteoporosis, and atherosclerosis, have not been directly linked to the menopause. Depression, nervousness, irritability, and anxiety are believed to result from a woman's psychological problems with aging, rather than from a physiological base.

All women do not necessarily experience menopausal symptoms. The Women's Medical Center (1977) estimates that 20% of women have no symptoms at all, and 15% experience symptoms of a severe nature, warranting treatment. The majority of women (65%) have mild symptoms, and are able to cope with these without medical intervention.

Labeling requirements for estrogen, established by the Food and Drug Administration, state that "... there is no evidence that estrogen is effective for nervous symptoms or depression ... and they should not be used to treat these symptoms."

While menopause does not cause depression, it can have strong impact at a time when other factors are at work. Because menopause occurs at the time when some women are losing their fulltime jobs as mothers and also as wives, because many middle-aged career husbands

are experiencing pressures to excel at the office and so have little time to offer emotional support at home, because the middle-aged woman is told in not-so-subtle ways that she is no longer appealing in a culture that values youth and beauty, it is not uncommon for these women to feel depressed. It is very easy to blame the menopause rather than the negative cultural biases related to these life changes for this depression, because the menopause is such an obvious physical manifestation of a change and occurs at the same time. There is little doubt that depression is a major problem for women of middle age; suicide rates for women peak between the ages of 45 and 55 (Kimmel, 1974). Men do not exhibit a sharp increase in suicide rates until age 65 and older.

Estrogen Replacement Therapy

One of the most controversial aspects of menopause involves the decrease in natural estrogen levels and estrogen replacement therapy (ERT). ERT involves replacing the estrogen that the woman's body no longer produces, and is usually prescribed for severe cases. It has been proven highly successful in relieving hot flashes and vaginal atrophy.

Estrogen is usually taken in the form of a pill. The most common form of estrogen used in ERT is "conjugated estrogen equine," a mixture of natural estrogens obtained from the urine of pregnant mares. It differs from birth control pills which contain synthetic estrogens. Estrogen is an extremely powerful substance, and should not be taken without a complete physical examination, and check-ups at 6-month intervals, including a pelvic and breast exam. Estrogen is usually not prescribed for women with a history of blood-clotting, abnormal genital bleeding, hypertension, heart condition, fibroid tumors, stroke, sickle cell anemia, or with suspected breast or uterine cancer.

When estrogen is prescribed, the pills are generally taken for three weeks; then there is a one-week rest. The pills are available in four strengths and only the lowest dosage necessary to relieve symptoms should be taken.

The use of ERT is highly controversial because the true relationship between estrogen and cancer has not been satisfactorily determined. The FDA warns on conjugated estrogen labels that the chances for uterine cancer increase five to seven times with ERT.

In the November 15, 1977 issue of Family Circle (pp. 124, 167+), an article entitled "Now the Good News About Estrogen" appeared. The authors, Lila Nachtigall and Joan Heilman, contend that ERT, when properly administered, does not cause uterine or breast cancer, and may even offer protection against them. (Readers are encouraged to read this article, or the book from which it is excerpted, The Nachtigall Report, New York: G.P. Putnam, 1977.)

The National Women's Health Network expressed concern about this article and urged members to respond to the claims made therein. One such response to Family Circle was written by Gena Corea. A thought-provoking refutation, it is reprinted at the end of this unit by permission of the author and Network News, the publication of the National Women's Health Network, in which it also appeared.

SEXUALITY AFTER 40

In terms of appearance and sexuality, there exists what Sontag (1972) has termed a "double standard of aging." Despite the physiological truth that women are capable of engaging in sexual activity well into old age, both males and females accept the social belief that after the early or mid-forties, women are no longer sexually attractive and therefore no longer sexually interested. Traditionally, a woman's status has been based on her physical appearance and sexuality -- as she aged, her worth declined.

This contrasts sharply with the cultural notion that males in their forties are still sexually desirable. Since a man's status has long been defined in terms of personality, intelligence, career achievement, and earning power, his worth and thus his sexuality do not diminish until his mid-60s when he retires. At that point, the image of the asexual, undesirable older woman is balanced by the image of the sexually alive but equally undesirable "dirty old man."

In our culture, women are defined as "undesirable" some 20 years earlier, chronologically, than are men. This is further exemplified by the social acceptability of men marrying women 15-20 years younger but not 5 or more years older.

Female sexuality after middle age has been long ignored as a research topic because most investigators already "knew" there was nothing to research. This cultural bias is exemplified by responses to sentence-completion questionnaires administered to students at a northeastern university. The stem "sex for most older people is . . ." elicited "negligible," "unimportant," and "past" as responses from most of the students.

The double standard surrounds sexuality in later life much as it does during adolescence. Middle-aged men are perceived as virile during these years, and it is only upon reaching 65 that they are viewed as declining in both interest and activity. Women, on the other hand, are thought to be asexual upon reaching menopause, and any indication of either sexual interest or activity during the remaining 30 years of their lives is decried.

There are a number of reasons for this strong disapproval. Americans share the common attitude that aging is a disease, rather than a normal process. "Sick" people are not supposed to exhibit any desire for sex, nor do we think of sick people as sexually attractive.

Since menopause is viewed as the onset of aging in women, and since physiological evidence of aging is viewed as a pathological condition, it follows that women are expected to conform to the asexual role that is socially prescribed. Further, the era in which many older women grew up -- a time when "nice" girls or women didn't think or talk about sex or desire sex -- compounds the reinforcement.

These social attitudes are further exacerbated by an emphasis in both research literature and popular articles on the small percentage of older adults who are sick and inactive instead of the majority who are healthy and involved. Despite the fact that only 5% of individuals over the age of 65 reside in nursing homes, or other similar institutions, and only 1% of individuals 65+ are diagnosed as senile, the stereotype of the senile old person in a nursing home persists.

A second reinforcer of disapproval lies in the American tradition of equating sex and love with youth. As women approach middle-age and menopause, biological changes equated with aging become evident. These include graying hair, wrinkling skin, and a "settling" of body weight. Because women begin to look "old," they are treated as such by both younger individuals and by men of like or greater age.

A third force is fed by the notion that sex is procreative rather than recreative. Since women are no longer capable of bearing children much beyond their early 50s, there is no "need" for sex, hence there must be no desire. In fact, there can be a dramatic shift in orientation toward and quality of sexual activity for women in their mid-years and beyond. The elimination, after menopause, of possible pregnancy can be liberating to a large number of women for whom sex does not now involve pressure and fear.

Studies of female sexuality negate the image of the asexual older woman. In his study of sexual behavior in the female, Kinsey (1953) noted a gradual decline in frequency of sexual intercourse between ages 20-60, but felt that it resulted from aging in the male. There was little evidence of any aging in the sexual capacities of the female until late in her life. Similarly, Masters and Johnson (1966) discovered that, for women over 60, capacity to reach orgasm was not diminished.

In fact, sexual activity declines with age for women because available partners become scarce. Sexual interest does not reflect any decline. Those women who enjoyed sex as young adults continue to enjoy it as middle-aged and aged adults. A regular pattern of sexual activity has been described by some researchers as a correlate to continued vitality.

A longitudinal study, conducted at Duke University, compared male and female sexual activity. Of the males who indicated an interest in sex, 87% were sexually active. Only 60% of the women who expressed an interest in sex were sexually active. Ten years later, however,

only 31% of these same men were still sexually active, while no change was recorded for the women. Even after a decade, 60% were sexually active. Seventy-five percent of the couples involved in this study, both males and females, tended to agree that the husbands were responsible for the cessation of intercourse.

It would appear then, that as long as an interested, capable partner is available, women are interested and engage in sexual activity with little or no decline.

Member Tackles Pro-Estrogen M.D.

The Network News is excerpting a letter written to Family Circle by Gena Corea, Network member and author of The Hidden Malpractice, both because it is a model of responding argument and because it is full of valuable data. The article Corea is criticizing was taken from a book entitled The Nachtigall Report; it appeared on newsstands at almost the same time as the Food and Drug Administration ordered estrogens to carry package inserts for patients, so that women could decide for themselves whether they wanted to take the risks.

To the editor:

In its Nov. 15, 1977, issue, *Family Circle* published a highly irresponsible article that could lead to the unnecessary deaths of women through cancer. The article, "Now Good News about Estrogen," was written by Dr. Lila Nachtigall with Joan Heilman. I will comment on several of Dr. Nachtigall's statements.

She wrote: "I believe estrogen does *not* cause cancer if it is used properly." And furthermore: "I believe that properly administered estrogen replacement . . . does not cause endometrial cancer. In fact, it may even help to prevent it."

It is unfortunate that Dr. Nachtigall formed her "beliefs" without the benefit of some pertinent scientific data. It has been known for 30 years that estrogens, at both high and low doses, cause cancer in test animals. It is also known that, in humans, estrogens can stimulate existing cancer of breast, uterus, cervix and vagina.

And beginning in December, 1975, three well-designed human studies were published documenting a substantial increase in uterine cancer in post-menopausal women on Estrogen Replacement Therapy (ERT). The studies showed that postmenopausal women who take estrogens are five to 14 times more likely to get cancer of the endometrium than women who do not use estrogens. In addition to these studies, California Tumor Registry data showed a 50 percent increase in invasive uterine cancer between 1969 and 1974 in affluent, white women over 50 years old—the group most likely to be prescribed ERT.

In its *Drug Bulletin* of February/March, 1976, the Food and Drug Administration (FDA), referring to these three studies and the Registry data, wrote: "The risk suggested by these studies is, in public health terms, a highly significant one. Cancer of the endometrium has in the past been considered to occur rather infrequently—the annual incidence is estimated to be about one per 1000 postmenopausal women with intact uteri. The newly reported studies suggest, however, that in women using estrogens chronically the annual incidence is 4 to 8 per 1000 women, an incidence greater than that for breast cancer."

For women on ERT, then, regardless of Dr. Nachtigall's "beliefs," the danger of cancer is real. The words of Dr. Roy Hertz, former chief of endocrinology of the National Cancer Institute, should give us pause: "Our inadequate knowledge concerning the relationship of estrogen to cancer in women is comparable with what was known about the association between lung cancer and cigarette smoking before extensive study delineated this overwhelmingly significant relationship."

Dr. Nachtigall also wrote in the *Family Circle* article: "The estrogen-treated women in her study, at the end of the 10 years, were shown to have much less evidence of osteoporosis than the untreated group. And some showed actual improvement in bone mass."

I am skeptical. I think you should have insisted on an evaluation of her study results before promulgating them to America's women. You should know that *Medical Letter*, a prestigious publication for physicians which evaluates drugs, has said: "... in the opinion of a majority of *Medical Letter* consultants there is no convincing evidence that estrogen administration reduces the loss of bone mass in aging women . . . and it is possible that long-term estrogen treatment may ultimately result in decreased bone formation."

Dr. Nachtigall continued: "... estrogen seems to protect women against heart attacks."

FDA's *Drug Bulletin* of February/March 1976 notes: "There is no satisfactory evidence that coronary artery disease in postmenopausal women is prevented or delayed by estrogen replacement. In fact, estrogens may even increase risk of coronary occlusion. Investigators recently reported that estrogens in the form of oral contraceptives increase the incidence of myocardial infarction in premenopausal women. In addition, in a large-scale prospective trial in men with a previous myocardial infarction (Coronary Drug Project) patients receiving low doses of estrogen experienced no reduction in incidence of subsequent myocardial infarction whereas those receiving high doses suffered an increased incidence of non-fatal myocardial infarction."

Another of Dr. Nachtigall's assertions: "But the decline in hormones, in itself, can produce a very real effect on the emotions. Their replacement can help promote a feeling of well-being."

According to the FDA's *Drug Bulletin*: "Such possible benefits as a sense of well-being and a youthful appearance have not been objectively documented."

FDA does classify estrogen as "effective" for treatment of hot flashes. (It recommends short-term treatment when estrogen is prescribed for that purpose but a study conducted in Washington state and published in 1975 found the average amount of time spent on ERT by most women was 10 years.) Though estrogens may be effective in relieving hot flashes, it is important, as Barbara Seaman, co-author of *Women and the Crisis in Sex Hormones*, points out, to ask such questions as: Just how serious are hot flashes? Are they dangerous? Are there ways of dealing with them other than the ingestion of a drug which has caused cancer in animals and is associated with an increased risk of cancer in women?

I think it is your responsibility to your readers to identify the sources that funded Dr. Nachtigall's study. If a drug company supplied all or part of that funding and if that drug company also produced estrogen designed for postmenopausal women, then that would affect our evaluation of Dr. Nachtigall's results.

Dr. Nachtigall's article has done your readers a most grave disservice. In order to repair the damage, you ought, I think, to run another article on ERT. I would suggest you ask Barbara Seaman or a consumer advocate from the National Women's Health Network to submit such an article.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why is the menopause viewed as an affliction?
2. What biological changes occur during menopause? What social judgements are made about these biological changes? What psychological issues emerge for women as a result of social judgements about the biological changes?
3. Why is the prescribing of estrogen for menopausal women a controversial issue?
4. Would you personally take estrogen during menopause? Why or why not?
5. How do certain attitudes in our society create strong disapproval for a sexual role for older women?

SUGGESTED ACTIVITIES

1. Visit a doctor's office and ask for printed material on menopause and estrogen replacement therapy. Compare these publications in class to determine if the material is informative. Are the pros and cons of ERT discussed or is a particular side emphasized? How might an older woman with no prior knowledge of the subject respond to these publications?
2. Present the differing views concerning ERT through a role play panel discussion with the following participants:
 - a medical doctor;
 - a research scientist;
 - a representative of the National Women's Health Collective;
 - a postmenopausal woman who has taken estrogen for over 5 years;
 - a woman just entering menopause.
3. Interview older women friends and relatives concerning their experiences during menopause.
4. Create a list of questions you would ask a doctor if you were nearing the menopause. Ask your personal physician to respond to these questions. Compare his/her answers with other information concerning menopause.
5. Ask a doctor what he/she might tell an older (65+) patient who asked about the appropriateness of sex at that age.
6. Interview young, middle-aged, and older women to determine whether they think sex is appropriate for individuals beyond middle-age. Compare responses of the groups for similarities and differences.

UNIT FOUR

HEALTH AND MEDICAL ISSUES

The focus of this unit is on several medical conditions encountered with relative frequency by middle-aged and older women. Breast cancer, hysterectomy, and osteoporosis are issues of increasing concern as women age. They are also issues about which little has been written outside of medical textbooks. Because greater proportions of older women encounter these health problems with each succeeding generation, an overview of these medical conditions is presented.

BREAST CANCER

One out of every fifteen women in the United States between the ages of 35 and 55 develops breast cancer. The disease rarely develops in girls under twenty, and until recently it was seldom found before thirty. For unknown reasons, when it occurs under thirty it is more virulent than in the case with older women. The incidence peaks between the ages of forty-two and forty-seven, then an eight year plateau is evident. Starting in the early fifty's, the rate again climbs, though not as steeply, until very old age.

Many experts interpret this as statistical support for the belief that many breast cancers in young women are different diseases than those found in older women. This theory received support from American investigators in a study published in 1974 by three Johns Hopkins researchers (Craig, et al, 1974). The study reported a distinct difference in the histories and risk factors of women who developed breast cancer before the age of forty-five and women who developed it later in life. According to their findings, a family history of breast cancer and later age of the birth of the first child were more often associated with the younger women, while breast feeding was a factor with the older women.

Many women think that the risk of getting breast cancer disappears after age seventy. This is not true. The total number of new cases does drop with age, because fewer women are still alive, but the incidence rate among women over seventy actually increases.

Only within the past few years has much attention been paid to the possible role of the environment in relation to breast cancer. But today, when we have more and more potentially harmful substances all around us, the "where" of breast cancer incidence has become more significant. Also, several references have been made about city women versus rural women. All the risk factors may not be cause and effect; living in cities instead of rural areas may be coincidental, not contributory. But no one knows, and women should examine and respect the high risk factors epidemiologists have identified.

Misconceptions About Breast Cancer

There are many misconceptions and myths surrounding breast cancer. One of the more prevalent of these is the belief that breast cancer is contagious; it definitely is not and neither are any of the other carcinomas. No kind of cancer can be caught from a sick animal, either. The idea that germs can enter the breast either through the ducts of the nipple or through a cut or scratch is also without scientific foundation.

Many women say they are hit or bumped on the spot where a tumor later grew. An ordinary injury will not develop into a malignancy. Women have also been known to blame their breast cancer on their husbands' over attention to their breasts during sexual relations. Another belief is that their babies sucked too hard during breastfeeding, thus causing a malignancy. All of these beliefs are fallacies as are the ideas that going braless or being amply endowed cause cancer. There are no connections here at all.

Contributing Factors to Development of Breast Cancer

Very little is known with certainty about what causes breast cancer. None of the later mentioned factors are sure causes, they are merely factors that seem to make a woman more apt to contract the disease. First, certain races seem to be relatively immune to cancer of the breast. This raises the question as to whether this lower incidence is the result of diet or other factors in the environment.

Second, the incidence of breast cancer is about twice as high in families in which mothers, grandmothers, and sisters have had breast cancer as those in which there is no history. Third, when the breasts of girls in their teens, twenties, or thirties are exposed to small doses of radiation, there is a striking increase in the incidence of breast cancer. Fourth, it is possible that a history of benign disease, such as cystic mastitis and multiple benign tumors of the ducts, increases the chances of getting breast cancer. There is no question that a history of having cancer of one breast increases the chances of getting cancer in the other. There is one factor that appears to prevent cancer of the breast: removal of the ovaries before the age of forty. If the uterus was removed along with the ovaries and small doses of estrogen were given continuously, there would be no cyclic stimulation of the breast by hormones. Without stimulation, there would be reduced reproduction of breast cells and perhaps a reduced incidence of cancer, for a cell that does not divide cannot give rise to a cancer cell.

Women Likely to Develop Breast Cancer

Who are the women most likely to develop breast cancer? The highest risk category of all is made up of the women who have already had one cancerous breast removed. They are the most likely of all to develop a malignancy in the other breast. Over all, in the United States, white women have a higher incidence than women of other races. Surveys indicate

that being black is in itself a protection. But as blacks climb in socioeconomic status, the incidence increases as their life style changes.

Being overweight is another factor that increases the risk of developing a malignant tumor. Also, excess fatty tissue can make it more difficult to find one that is already there.

Cancer frequently runs in families. This issue is debated by scientists who argue about genetics and heredity. But the risk is higher if a mother, sister, or maternal grandmother has had breast cancer. One specialist feels that the important factor is the age of a woman's mother or sister at the time either developed her disease. Having a history of benign breast disease similarly increases a woman's risk.

Women who begin menstruating at an early age are more likely to develop breast cancer. Early menarche presupposes a long reproductive life. On the other hand, if a woman has her ovaries removed before she is thirty-five, or has a natural menopause at an early age, her chances of developing breast cancer drop. A woman whose first full term child was born before she was twenty (age applies only in the United States) has substantially reduced her risk of developing breast cancer. At the other end of the age line, a woman who has her first child after thirty-five has elevated her risk. There seems to be little question that women who have no children are in the high risk category. There is controversy about whether breast feeding protects against breast cancer. Some data refute the relationship while other data support it.

It would appear that white women of Northern European descent who are overweight, have cancer in their families, began menstruating early, and had a first child after they were thirty-five years old are the most likely to develop breast cancer. The least likely candidates are Oriental and American Indian women with no history of breast cancer in the family, late onset of menstruation, and motherhood before age twenty. A short reproductive life because of an early menopause, surgical or natural, helps lower the risk for everyone.

The following chart gives the possible risk factors (Kushner, 1975):

	<u>WHO</u>	<u>WHEN</u>	<u>WHERE</u>
HIGH	1. Family history of cancer	Age 40 and up (including women over 70)	Large industrial cities, especially in the Northeast
	Self-breast or other		
	Sister		
	Mother		Also:
	Maternal grandmother		San Francisco -
	or aunts		Oakland
	Maternal first cousins		Minneapolis -
			St. Paul
	2. Prior history of		Detroit
	benign breast		Pittsburgh
	disease		Iowa
			Colorado

HIGH

	<u>WHO</u>	<u>WHEN</u>	<u>WHERE</u>
3.	Reproductive history Early menstruation No children Late (or no) beginning of sexual activity First child born after age 35 Late menopause		
4.	Race and ethnicity Jews of European ancestry Non-Jews of northern European background Affluent blacks		
5.	Diet Obesity due to high amounts of animal proteins and fats, including butter, lard, cheese, whole milk		

INTERMEDIATE

	<u>WHO</u>	<u>WHEN</u>	<u>WHERE</u>
1-3.	Average rates in the above categories	Ages 25-39	Medium sized cities
4.	Race and ethnicity Middle-income blacks Latin American South European ancestries		Also: Dallas - Fort Worth Atlanta
5.	Diet Moderate amounts of animal protein and fats (e.g., Mormons)		

LOW

	<u>WHO</u>	<u>WHEN</u>	<u>WHERE</u>
1.	No family history of cancer	Under age 25	Small towns and rural areas
2.	No history of prior breast disease		Also: Birmingham, Ala.
3.	Reproductive history Late menstruation First child born before age 20 Early beginning of sexual activity		

	<u>WHO</u>	<u>WHEN</u>	<u>WHERE</u>
	Early menopause natural or artificial		
LOW	4. Race and ethnicity		
	Jews of North African or Asian ancestry		
	Non-Jews of Finnish ancestry		
	Low-income whites		
	Low-income blacks		
	American Indians		
	Oriental ancestries		
	5. Diet		
	Mainly nonmeat protein and vegetable fats (e.g., Seventh Day Adventists)		

Psychological Impact of Mastectomy

Breast cancer can be treated in a variety of ways. The most severe form of treatment is called a subcutaneous mastectomy and involves complete removal of the cancerous breast.

A survey done by Kushner (1975) found that young married women were not as horrified by the loss of a breast as postmenopausal married women, whose youth and sexual attractiveness have begun to fade (or so they think). These women are far more vulnerable to psychological problems, because they tend to have emotional troubles at this time of their life even without the loss of a breast. Their children may no longer be living at home; husbands may show little concern for their wives. Women feel that they have lost their job and that they are losing their womanliness and motherliness. Then, on top of this, the pain and strain of breast cancer and mastectomy are added.

The emotional condition of older married women seems to depend on the status of their marriages. If their relationships with their husbands had been rocky, losing a breast was a more severe psychological jolt than for women who had good marriages. It has been found that divorce directly following surgery is because a marriage is already finished and the mastectomy is only an excuse to get out of a situation that was already bad.

Older women who have never married seem to make the best adjustment of all. Most of them long ago gave up any concern about "catching" a man, and their self-image is not as tightly connected with their bodies. Moreover, unmarried older women tend to continue close relationships with family and old friends. Among these women, however, the fear of dying is a very close and real dread. By the time a woman reaches sixty-five or seventy, she has probably witnessed the deaths of many friends and relations and watched their pain intimately. It does little good

to tell her that doctors now have ways to alleviate the pain she considers to be part of dying from breast cancer. Her anxieties are mainly concerned with the pain associated with the disease.

In terms of marital status and age, the women who take the mastectomy hardest are in their fifties or older and are either widowed or divorced. Their desire to ignore the tumor completely, to have only the tumor removed, to have a lumpectomy or partial mastectomy, or to investigate plastic surgery procedures is greater than found in other groups.

In the 1974 Gallup Poll it was reported that breast loss can affect both a woman's self-image and her relations with men. This attitude is most common among single women (61%) and those between eighteen and thirty-four years of age (66%). It has also been found that though women worry about the loss of their femininity, their main concern is whether all of the cancer is out and that they are alive.

In general, the psychological status of the women has a lot to do with her physical recovery, assuming she does not develop metastatic disease. Women who know in advance that they are to have mastectomies, who have some "input" in the decision making and who do not feel "duped" by the doctor tend to recover more quickly and easily in every respect. On the other hand, those who are told that the mass was certainly benign take longer to heal physically and emotionally. Overall there is no set pattern for either mental or physical recovery. Each woman seems to proceed at her own pace.

Society is at fault for the feeling of a loss of femininity after losing a breast. Our culture has made a woman's breast be her status symbol. Dr. Philip Strax (1974) writes:

We live in a breast-oriented society. To the average woman, her breast is the badge of femininity, an important part of her allurements to charm her male. To the man, the breast is a source of excitement, an erotic stimulation. It has become a bridge between male and female and is used as a reward to be flaunted before the eyes of the male in the female's attempt to attract him. This emphasis on the breast as a sex symbol begins in adolescence and apparently persists throughout life.

Much of this is caused by the influence of the media, magazines, book jackets, and billboards. To be sexy a woman must have voluptuous breasts. The media, largely made up of men, has made the breast into the ultimate erotic symbol. A possible reason for this is that there are very few women found in the major jobs of the advertising world.

Postmastectomy Problems

There are several other postmastectomy problems that have only recently been recognized. One is the inability to buy a new medical insurance policy. If a woman is insured herself or by her husband's medical insurance policy at the time the breast cancer is diagnosed, then the firm is

obliged to pay all the expenses her premiums covered. However, if she or he should change jobs and require a switch in coverage, the new insurer would consider the cancer to be a "pre-existing condition" and would refuse to pay the cost of follow-up examinations or treatment of a second cancer, if it should recur. Since the laboratory work, X-rays and scans that must be done during the first postmastectomy years are very expensive, it becomes difficult to quit a job for a new one. Therefore the woman, or more usually her husband, becomes trapped in what may be an undesirable position because of the woman's cancer. This has, in many cases, become a burden that causes the woman to feel guilty and her husband to feel resentful and angry.

What makes this situation so tragic is that it could be remedied. A government plan like the Federal Housing Administration (FHA) mortgage guarantee program, promising insurers that they will be reimbursed if catastrophic expenses arise, would solve the problem. There is ample precedent for such a federal program. This should be done for breast cancer victims and for all people suffering from chronic, uninsurable illnesses.

Another little known after effect of losing a breast is discrimination in jobs and credit. Although both are against the law, they are very difficult to prove. Both the American Cancer Society and the National Cancer Institute have programs to collect data about such cases in an attempt to stop these practices. Some cases have reached the courts and have been won, but not many, and as a rule the punishments have not been severe.

HYSTERECTOMY

Hysterectomy is the most commonly performed operation in the United States (Morgan, 1978; Paulshock, 1976). The rate is steadily climbing (see Table 4.1); if increases persist, 40% of American women will have a hysterectomy by age 40, and 50% by age 65.

Table 4.1

Hysterectomies Performed in the U.S.

Year	Number Operations	Percent Increase Since 1968
1968	545,000	-
1975	725,000	33
1976	794,000	46
1977	800,000	47

Source: National Center for Health Statistics, 1978.

A simple hysterectomy is an operation to remove the uterus and cervix; a total hysterectomy also involves removal of the ovaries and the fallopian tubes. Removal of the ovaries causes "surgical" or "artificial" menopause since estrogen levels are curtailed. Symptoms related to surgical menopause are the same as those caused by a normal menopause. (The reader is referred to Unit 3 for a complete discussion of these symptoms.)

Removal of ovaries (oophorectomy) is often recommended in women past 40 who are undergoing hysterectomy. This recommendation results from American Cancer Society estimates that 1 percent of women over 40 will develop ovarian cancer. The cure rate for these women is low -- only 10 - 20 percent. According to Paulshock (1976), "ovarian carcinoma is particularly deadly because it is extremely difficult to diagnose before it metastasizes or spreads beyond the ovary" (p.26). Because more than 80 percent of women with ovarian cancer have already had a hysterectomy, doctors increasingly are encouraging oophorectomy at the time of hysterectomy.

Reasons for Hysterectomy

Although many women assume that hysterectomy is performed only in cases of cancer, there are a number of reasons for recommendation of this surgical procedure.

The greatest number of hysterectomies are performed to correct pelvic relaxation or uterine prolapse. Problems arise when the uterus loosens from its proper position within the body, and slips in the vaginal tract. This condition is common to women who have had several children, since pregnancy stretches the ligaments that hold the uterus in place.

The next most common reason for hysterectomy is elimination of fibroid tumors. These tumors are fairly common; one out of four women get them (Morgan, 1978). They are not cancerous, and do not necessarily create problems. Hysterectomy is recommended when fibroid tumors cause abnormal bleeding, "bleeding that occurs at times other than when it is expected during the menstrual cycle" (Paulshock, 1976, p.25), or when they grow large enough to cause abdominal pain or pressure.

The third most common reason for hysterectomy is cancer. As with fibroid tumors, abnormal bleeding is symptomatic of a problem. Because Pap tests can detect cancer at a very early stage, uterine cancer is not necessarily life threatening.

Other reasons for hysterectomy are endometriosis (growth of uterine tissue where it does not belong, such as on the ovaries or tubes or on the ligaments holding the uterus); pelvic inflammatory disease (a bacterial infection which attacks the tubes and ovaries); and sterilization (usually performed on poor or retarded women, and very seldom medically necessary). Table 4.2 presents the incidence of causes for hysterectomy.

Table 4.2

Reasons for Recommendation of Hysterectomy

Reason for Hysterectomy	Percent
Uterine prolapse	35
Fibroid tumors	30
Cancer	15
Endometriosis	} 20
Pelvic inflammatory disease	
Sterilization	

Source: S. Morgan, Hysterectomy, Boston Women's Health Book Collection, 1978.

Surgery and the Elderly Woman

In terms of risk, hysterectomy is a fairly "safe" operation - the mortality rate for this procedure is less than 2 deaths per 1,000 women (Paulshock, 1976). Because any surgery entails some degree of danger, there are few gynecologic operations performed on patients 75 to 80 years old. Many surgeons believe the age of 80 becomes an important factor, and are hesitant to operate on a patient of that age for anything less than a lifesaving procedure (Ballard, 1969).

Following a study of 195 cases of major gynecologic surgery performed on women 65 years of age and older, McKeithen (1975) concluded that the elderly female patient can tolerate such surgery very well in a modern-day hospital setting. "The patient who is senile, semi-invalid, and hesitant about surgery is the one to think twice about before operating" (McKeithen, 1975, p.63).

OSTEOPOROSIS

Osteoporosis affects millions of women; postmenopausal osteoporosis alone affects more than 6 million women (Alvarez, 1970). The condition is characterized by increased porousness of the bone, resulting in extreme fragility, and explaining in part the high incidence of some fractures in the aged population.

"The literature of the last three decades is full of contradictory theories as to the cause and treatment of osteoporosis" (Tonna, 1977. p.477). Because osteoporosis occurs primarily in post-menopausal women, it has been thought to be related to decreasing estrogen levels characteristic

of such women. While such a relationship is postulated, the mechanism responsible for changes in bone density remains unclear to medical researchers. Without knowledge of the cause, successful treatment is unknown although estrogen replacement therapy (ERT) is a commonly employed regime.

The effect of ERT on osteoporosis is controversial. (See Unit 3 for a discussion of ERT.) While ERT has arrested osteoporosis, the period of remission is fairly short (3 - 9 months), after which time the condition resumes (Boston Women's Health Collective, 1976).

Others, who feel that osteoporosis is not an aspect of reduced estrogen, but rather the consequence of poor calcium and protein intake and insufficient exercise, advocate a high calcium and high protein diet as treatment.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. How do societal attitudes affect the adjustment of an older woman who has had a mastectomy?
2. Describe the psychological components that most probably accompany a mastectomy.
3. For what reasons might a physician recommend hysterectomy?
4. Why has hysterectomy been referred to as the most common operation in the United States?
5. What psychological impact might hysterectomy have for middle-aged women? for older women?
6. Which do you suppose might be the more traumatic operation for a woman -- hysterectomy, symbolizing loss of reproduction, or mastectomy, symbolizing loss of sexuality? Why?

SUGGESTED ACTIVITIES

1. Plan a program that would increase the awareness of older women concerning one or more of these areas: breast cancer, hysterectomy, and/or osteoporosis.
2. Research the various types of surgery for breast cancer and create a class presentation that demonstrates the varying viewpoints.
3. Explain causes and treatments of osteoporosis.
4. Conduct an intensive review of literature to determine if other medical conditions exist that are exclusive to women.
5. Visit a public health facility and examine the printed information booklets available on a wide variety of issues. Are any of these pertinent to specific women's ailments? If so, are they accurate and informative? If not, what should be included that is lacking?
6. Examine medical textbooks in a library. Do any have sections on health issues pertinent to older women? How intensive are the sections? How do you account for any omissions that might be apparent?
7. Interview physicians, nurses, and other health personnel. Ask them to assess the "older woman as patient." Are responses stereotypic? In what ways? How might you "educate" health professionals in order to eliminate bias and possibly improve diagnosis and treatment of older women?

UNIT FIVE

MENTAL HEALTH AND RELATED ISSUES

Mental health problems have become a growing concern in today's modern, industrialized societies. Fortunately, vast improvements have been made in the diagnosis, prognosis, and treatment of the many different types of mental illness. Older women no longer have to live in fear, as they did in the sixteenth and seventeenth centuries, of being burned or hanged as witches for displaying signs of mental deterioration (Rosen, 1964). Research is ongoing in an effort to determine the older woman's status in relation to her mental health; thus, information on this subject is increasingly accurate, enabling older women to be treated appropriately.

Older women need to have their mental health approached on a basis that is different from the approach taken for all older people. Too often, generalizations have been offered to account for the psychological ills of the elderly population, without concern for the unique differences attributable to sex. Just as it would be inadvisable to assume that the only thing which older men and older women have in common is age, so too is it inappropriate to make the assumption that the mental health problems of older men and older women can be dealt with in the same manner.

Recent investigations are evidence of the increasing recognition of and interest in older women and their uniqueness, even in terms of mental health. Older women do have mental health problems, but they are similar to those of older men frequently in name only. Depression, stress, suicide, drug abuse, and alcoholism can be found in both older men and women, but significant differences have been reported on the basis of sex. The prevalence of these mental and related health problems and the factors contributing to them are a few of the areas in which one's sex makes a difference in later years. Older women have their own mechanisms for coping with psychological woes. They undergo changes that are unique to their sex, changes that in many cases will greatly affect their existence, and they must prevail in their attempts to be recognized by the psychological community as having special needs.

Changes

Change is not uncommon among women of all ages. In recent years, however, older women have been confronted with changes that, at times, may appear to be insurmountable. With all of the required emotional adjustments women must make, their longer lifespans appear all the more surprising. One explanation for their longevity is that women become so accustomed to adapting to new events in their lives, they can accept change in their later years with little difficulty (Saul, 1974).

One of the events to which women must adjust as they age is referred to as the "empty nest syndrome". As children grow up and move out of their parents' house to be on their own, the mother, anywhere in age

from her late thirties on up, finds herself facing the loss of a role which she has been performing since the birth of her first child. This major change, leaving women with a great deal of time on their hands, often forces them to sit back and make some personal evaluations, which may or may not have positive results.

Another adjustment which women must learn to handle is a changing perception, theirs and society's, of the role of housewife. The importance of this role is often diminished by non-employed women who refer to themselves as "just a housewife". Older women who have spent the greater portion of their lives in this occupation, without pay, and now without prestige, must find some way of dealing with this attack, indirect though it might be, on their self-esteem.

Many older women must also learn to cope with the loss of a spouse, either through divorce or widowhood. Divorce, after fifteen to twenty-five years of being a wife, can alter a woman's life to a great degree. Despite the disclosure that older men suffer more upon the loss of a spouse (Lowenthal and Haven, 1968), widowhood also brings changes into a woman's life which she must sustain. (See Unit 9 for a detailed discussion of widowhood.) It is further suggested that older women, in contrast to older men, turn to relatives and organizations in which they are members, in times of need. What is not considered, however, is the fact that older men have a greater opportunity for remarriage than older women, and so their suffering might be greater but of a shorter duration.

Older women who are alone must also face the possibility of being social isolates, unless they take steps to avoid additional changes. The physical and biological changes in aging women make them less acceptable socially and subsequently to themselves. The process of avoidance entails the use of hair dyes, plastic surgery or other devices that will produce a more youthful appearance. What effects this has on the older woman's mental health is subject to question.

While other women may try to hide the outward physical effects of aging, there is little they can do about the physiological changes that are taking place inside their bodies. Every woman who has reached old age has had to go through menopause or, as it is inappropriately labeled, the "change of life". It is a period of hormonal change which can cause problems for the older woman, but it is more than likely the stigma associated with this "change" has brought despair to many women (Women's Medical Center, 1977).

Changes in physical health can also affect mental health in older women who are unable to accept these changes. Older women with physical ailments that limit their activities and older women anticipating such problems certainly have a greater chance of having some type of psychological difficulty. Some older women, facing changes for the worse in their hearing, sight, or mobility, need outside assistance in order to cope, while others cope without the benefit of external intervention.

This is also true for older women who find themselves trying to survive on a meager income. Most older women do manage to endure the change in economic status. Others have trouble accepting the downgrade in lifestyle from that to which they have been accustomed. Some older women try to improve their financial status by looking for employment. In so doing they are further reminded of the restrictions imposed upon them by society, for they have no skills, and are not valued as are younger women.

All of the changes mentioned thus far will affect the older woman after they have been experienced, but there is one change that influences the mental state of the older woman only before it occurs. This impending change is death. Most older women do not want to die, but they either reach some sort of acceptance of its imminence or avoid the subject entirely, and go on with the task of living. There are other older women for whom the thought of death is so trying, that they have difficulty leading a normal life.

Most older women have probably encountered more than one of these changes in their lifetime. Some women could probably endure all of these changes without developing psychological problems. For other women, it might take only one of these events to trigger mental dysfunction. There is little doubt, however, that most older women have suffered some amount of mental stress as a result of these changes, which in total are "changes in life".

Stress

Stress in older women can occur for many different reasons, including those previously discussed. Middlescence can be a period in a woman's life that tends to threaten her very existence. The changing status of the older woman's social roles, as well as the outer and inner physical manifestations of the aging process all work to affect her outlook on life. Anxieties and stress develop from her inner conflicts over identity and purpose.

If the older woman's self-evaluation reveals a rather unsatisfying past and present life, she might find herself lacking the mental strength to do something about it. The resulting frustrations can produce stress. Older women who overcome these stressful situations will be better prepared to face future stress and will have a better feeling of self. In other older women, stress can lead to more serious problems of a psychological nature. Who are the women overcome by stress, and what makes them different from the women who overcome stress?

Studies have been conducted to determine the characteristics of women who undergo age-related periods of stress. In a review of the literature on sex differences in mental health, it has been pointed out that as women get older they report distress in all areas of behavior. It has also been documented that older women are inclined to admit having problems and to talk about their concerns. Therefore, although older women may be subject to stress as an outcome of feelings of inadequacy or role loss, they adapt well to stress. Perhaps this

adaptation is made possible by society's expectation and acceptance of a woman's display of emotion (Garai, 1970).

In an effort to assess the factors related to stress, one study questioned teachers and non-teachers in a school system. Responses from subjects between the ages of 20 and 65 indicated that while female married teachers experienced an increase in stress in their early forties, female married non-teachers found the early fifties to be quite stressful. It was also found that women of higher socio-economic status felt less stress than women of lower socio-economic levels. It would appear, then, that aging in women does bring on an increase in stress, unless one is well off financially (Horrocks and Mussman, 1970).

Reactions to stress are manifested in a variety of ways by older women. In some cases it has been reported that older women who have been hospitalized for various reasons, and who are under a great amount of stress, exhibit a pattern of gross self-neglect. They may be filthy in appearance, live in squalor, and place themselves in situations where they are more likely to have accidents (Clark, Mankikar, and Gray, 1975). Stress can also lead to other signs of mental problems such as depression, suicide, drug abuse, and alcoholism.

Depression

Recent research investigations have shown that depression strikes women of all ages, races, and ethnic groups. Depression is no longer the symptom of a middle-age crisis among menopausal women of higher socio-economic status (Weissman, 1972). It is quite prevalent in older women, and is one of the leading symptoms in women of all ages who seek professional help for psychological troubles.

There is no way to tell in exact numbers how many or how often older women are in a state of depression. Many of them manage to make it through their daily existence without any great restrictions. It is becoming more commonplace, however, for women to look for solutions to their problems. As they do, they contribute to the accumulation of data as to the causes of depression, the type of women who are most likely to get depressed, and the most effective treatments for depressed older women.

The evidence suggests that housewives in their 40's and 50's are overwhelmed by depression, particularly as a part of the "empty nest syndrome". Depression sets in when these women experience a diminishing responsibility in their roles. Depression occurs more often in middle-aged women than men, because men do not go through the same physiological and social role changes as women (Hargreaves, 1975). Loneliness, despair, and a sense of bereavement upon reaching their later years is signified in some women by a loss of appetite, insomnia, disinterest in people and things, and other physical ailments. Depending on the woman, this period in her life can either stimulate or depress her. According to Hargreaves (1975) depression can be caused by a number of other factors: genetic predisposition, stressful life events, personality traits, guilt, frustration, and other physical changes.

Bernard (1976) adds that women have not only a genetic predisposition but a social predisposition for depression. Older women have been socialized to depend on others, and with a decline in female homosociality women do not have the emotional support once provided by other women.

Marriage, motherhood, work, and socio-economic status can also be directly tied to depression in women. For many women the marital relationship can be detrimental. Most older women who are depressed are also married. As the number of elderly women increases, so too will the incidents of depression among them. Symptoms formerly diagnosed as senile dementia are now being recognized as emotional disorders. As a result, older women are more likely to receive better treatment by professionals.

Unfortunately, few studies actually deal with depression in elderly women. Once again, they have not been separated from the category of elderly people. For example, in 1973 it was reported that 23% of the elderly population suffered psychiatric problems (Bennett, 1973). Suggestions were further recommended as to the treatment of geriatric depression, but age, not sex, was the factor determining the type of care given. Information is also lacking on the elderly woman and other issues related to her mental health, such as suicide, drug abuse, or alcoholism.

Suicide

The fact that the suicide rate for elderly women is lower than that for men may be one reason why there is so little information on the subject. Suicide in older women is a possibility, however, when depression becomes an overwhelming problem and goes unchecked for some period of time. Many variables enter into the problem of suicide, and the literature appears to be in agreement on most of them.

Between 1953 and 1968 there was a sharp decline in the relationship between age and suicide among women (Atchley, 1974). If the data are accurate, there appears to have been a similar reduction in the early seventies. It is interesting to note that the suicide rate for women peaks between the ages of 45 and 54, after which there is a steady decline, (Kimmel, 1974); in 1974 the age at which suicide peaked was 50 (Patterson, Abrahams, and Baker, 1974). One can only surmise that this peak for women occurs because such life changes as menopause, the empty nest syndrome, divorce, or widowhood become too much to bear. Despite this peak for women, differences exist in the suicide rates for men and women. These disparities are reflected in the fact that before age fifty, women commit suicide about one-third as often as men, but after that age the rate is only one-tenth that of men (Weiss, 1968).

Studies have confirmed that women make many more attempts at suicide than men, but men complete their attempts more often (Garai, 1970). Women tend to use this method as a cry for help and attention. It has

also been disclosed that the elderly are extremely successful in carrying out their plans to self-destruct (Patterson, Abrahams, and Baker, 1974). They use methods that are more likely to be fail-proof, and have every intention of ending it all. The one piece of information that is missing is whether or not elderly women are more successful than their younger counterparts in their suicidal attempts.

Whatever the finding, it is essential that future research on the elderly include in their analyses the possibility of sex differences, and if no differences are discerned, then it should be so stated. Otherwise results can prove to be misleading and confusing. For example, one source (Patterson et al, 1974) mentions that the suicide rate is lowest for elderly persons who are married. Reading this one could conclude, then, that the rates are lowest for elderly men, for most elderly men are married, whereas over half of the elderly women are single.

In the instances in which suicide in older women is discussed, it has been reported that although widowhood is directly associated with suicide, widows and wives do not differ significantly in suicidal rate (Bock and Webber, 1972). It is suggested that the socialization process promoting women to have stronger affiliations with others can affect the rate of suicide among widows, so that widows with strong attachments to people will be less likely to commit suicide than those who have no close associations. This is one of the reasons given by those who believe the transition to widowhood to be less troubling for women than men.

Marital problems seem to be a significant factor in the suicide rate of older women as they are in depression. Physical health is also directly linked to suicide in these women. Some women can no longer endure the changes brought about by the aging process. In some cases suicidal tendencies are obvious through their conversation, outward appearance, and general disposition. In other cases it becomes more difficult to recognize the signs.

In recent years, several authorities (Kastenbaum and Mishara, 1971; Patterson et al, 1974) have asserted that some elderly persons are not even aware of their own tendency to injure themselves. Although older women, in one study, exhibited fewer life-threatening behaviors, they can do serious harm to themselves (Kastenbaum and Mishara, 1971). It has been recommended that doctors and those close to elderly women and men be aware of the following signs of self-destructive tendencies: injuries incurred, for example, through accidental falls; unusual weight problems; heavy smoking; failure to plan for and get the proper medical treatment when necessary; patient delay in cases of cancer; prolonged psychological distress; and self-diagnosis and treatment (Patterson et al, 1974). Drug abuse and alcoholism are signals more noticeable of the older woman's desire to destroy herself.

Drug Abuse

Very little research has been done concerning the use of drugs by the elderly population. The information that is available does not give a very clear or comprehensive picture of this topic. It is, therefore, understandable that the facts about drug abuse in older women are extremely limited. Until more investigations are carried out, it is only possible to look at the data in relation to the particular population from which they are obtained, an additional limitation of the results. Despite some shortcomings, however, the findings are important, for they are the first step toward arriving at some answers to the problem older women have with drugs.

One recent study (Petersen and Thomas, 1975) examined the records of sixty persons over the age of 50, treated at a Florida hospital for acute drug reaction. For these patients, acute drug reactions entailed "effects resulting from drug ingestion that either produced interference with adequate social functioning or that were subjectively perceived as so unpleasant that the user sought assistance in a hospital emergency room" (Petersen and Thomas, 1975). Of the sixty cases, 68.4% were females compared to 31.6% males, and 61.7% of the females were white.

Unfortunately, sex differences were not reported in the disclosure that about one-third of the drug reactions were intentional. There are reasons, however, for assuming that a major portion of the suicidal attempts were made by women, even though it is widely accepted that more older men than older women commit suicide. Women attempt suicide more often than men, but their attempts are less often fatal. The incidents in this study were also attempts, in that those who took overdoses sought help and survived. This type of behavior is more common in women, whereas elderly men usually succeed in killing themselves.

Another possible explanation centers around the type of drugs used in the overdoses. All of the elderly patients were reacting to drugs which could be obtained as prescriptions or as over-the-counter items. More than 80% of the drugs used were sedatives and tranquilizers, with Valium, Tuinal, Phenobarbital, and Darvon at the top of the list. Because these drugs are more likely to be used by women, one could probably conclude that most of the attempted suicides among these elderly victims were made by women (Garai, 1970).

Based only on observation the investigators further suggested that sedatives were used more often than tranquilizers in suicide attempts. Such evidence might have been hard to obtain, because of the frequent number of cases when a mixture of drugs had been taken. Petersen and Thomas (1975) found 31.9% of their subjects to have overdosed on a mixture of substances.

Combinations of drugs were also frequently taken by women over the age of 30 who were interviewed in an effort to determine the use of psychotherapeutic drugs by middle-aged women (Linn and Davis, 1971). The results of this study indicated that 48 out of 100 women were

taking more than one drug. It is highly possible that physicians prescribe more drugs for women than they do for men. Despite the reported satisfaction with the effectiveness of the drugs by a majority of the women, it is important to question the long lasting effects of drug usage, especially when combinations of drugs are ingested. In this study drugs were taken by women who more often had trouble with nervousness or insomnia, rather than depression. These characteristics differ from those found in a sample of middle-aged women who had been treated at a mental health center for abuse of prescription medications (Borgman, 1973). Loneliness, boredom, unhappiness, and quarreling frequently marked the lives of these women who also professed to have endured multiple health problems since childhood.

The evidence certainly indicates that there is a great need for further research on drug use and abuse in older women. The literature search uncovered no information on the effects of marriage on drug use in women. Only one study (Green and Nemzer, 1973) that is related indirectly, showed women who were widows to fare better, in terms of tobacco usage, by smoking less than women who were divorced or separated. In addition, between 1966 and 1970 smoking decreased in married women and increased in single women. Marriage appears to have a positive effect on smoking habits in married women. Perhaps future studies will reveal its impact on the use of drugs and alcohol in older women.

Alcoholism

Smoking is correlated with alcoholism in women (Maletzky and Klotter, 1974). In an analysis of the relationship between smoking and drinking, hospitalized female alcoholics were found to smoke significantly more than women who were non-alcoholics. The mean age for this group of male and female alcoholics was 34.2 years. There was no mention of any noticeable difference in age on the basis of sex, so it is possible that the mean age of the women was similar to that of the group.

Depending on the sample, however, the mean age of women who are addicted to alcohol can differ significantly. Several studies have examined the trait of women in their mid to late forties (Craddick, Leipold, and Leipold, 1976, Hoffman and Wehring, 1972). According to the Craddick study, these women had been alcoholics for an average of 10.8 years.

One fact, however, does not change concerning women of all ages and alcohol abuse; alcoholic women are vastly outnumbered by alcoholic men. It has been predicted that the changing sex roles will certainly have an adverse effect on the number of women who will become alcoholics in the future. It will take some time, however, for women to even begin to challenge men for their position as forerunners of alcohol abuse.

A change in women's roles may produce more female alcoholics in the years ahead, but generally this problem in women has been attributed to the middle-age crisis. Women used to begin drinking later in life than men because they suffer so many role losses. The "empty nest

syndrome", menopause, and a search for her identity have been reported to be the cause of many women drinking; social changes which encourage social drinking for both men and women at early ages are also contributing factors.

Drink serves a medicinal purpose for women who had troubling childhood experiences, have poor self-concepts, suffer from depression and anxiety, and who see themselves as victims (Craddick et al, 1976). Alcoholic older women also tend to score high on feelings of guilt, tension, hostility, and neurosis (Hoffman and Wefring, 1972). It may be possible that women will begin drinking at much younger ages. This is already apparent from the increasing number of incidents of alcoholism among children.

The Future for Mental Health

Mental health care for the elderly has witnessed enormous improvement in recent years. Mental health care for elderly women, on the other hand, has not been so fortunate. Several factors will probably be responsible for encouraging a remedy to this situation in the future. As the elderly female population continues to grow in number, its presence will be more strongly felt, and its problems can not be overlooked.

The women's movement will certainly play a vital role in changing the status of mental health care for older women. It is important that this need for better mental health care garner immediate attention, so that today's older women can get the proper care. Getting to the older woman at the right time is a must. Knowing how to get there and what to do are just as essential.

There exists a strong need for thoroughly and properly trained doctors, nurses, and professionals in the field of geriatrics. This training should point out that older women have special problems and special needs. It should also teach those who are working with older women to be aware of everything that is going on both in and around each older woman that can have a detrimental effect on her mental health. This includes knowing the danger signs of depression, self-inflicted injuries, personal appearance, and others. Care givers need to learn how to give the proper and the best treatment.

The older woman requires enough comforting and support to get through the many crises in her life, but she also has to learn how to do more for herself. She should begin in her younger years to plan for her future without fear or hesitation. She should, as Bernard (1976) suggests, begin to renew her friendships with other women. She should also strive to make her life more meaningful by fulfilling her self-expectations rather than society's, while at the same time making an important contribution to society.

There is some speculation that the new freedoms being sought by women will have a negative effect on their mental health in later

years. Perhaps such pessimistic predictions come from those who are reluctant to see the change in women. Then again, perhaps there is some basis for such an opinion, particularly if too few improvements are made in mental health care for females of all ages.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. How do the mental health needs of older women differ from those of older men?
2. How do the adjustments faced by older women affect their mental health?
3. How is stress related to changes in an older woman's life?
4. What physical changes contribute to depression in older women? What social changes? Do older men experience similar changes and similar depressions? What might cause an older man to be depressed?
5. What factors must be considered in discussing the suicide rate of older women?
6. Alcoholism in middle-aged women is often linked to the empty nest. Is this a valid cause? If so, how do you account for those women who do not become alcoholics at this time of life?

SUGGESTED ACTIVITIES

1. Interview young, middle-aged, and older women to determine what causes them to feel stress and/or depression. Are there similarities within groups? between groups? How might you account for the similarities and differences?
2. Visit a community health clinic to determine what needs of older women the clinic attempts to meet through its services.
3. Survey services within your community to determine the supports available to older women facing various changes in their lives.
4. Interview volunteers at a crisis center, such as a telephone hot line, to determine the types of problems encountered by older women who elect to use the crisis center services.
5. Interview your personal physician concerning the treatment of depression and stress in older women. Compare this information with research literature in this area.
6. Using as categories the various reactions to stress as manifested by older women, create a chart showing the research information available to date in each area. (For example, under "drug abuse," one point of information would be that drugs were taken by women who more often had trouble with insomnia and nervousness, than with depression.)

UNIT SIX

LIFE PATTERNS

A great many older American women "are underemployed, underpaid, underfinanced, underhoused, undervalued, and underloved, sometimes even by themselves" (Jacobs, 1976, p.34). Widowhood, divorce, and abandonment are fairly common experiences that may in the present day befall almost any woman at some point in her life. A woman's fate in our society is no longer tied to that of her husband to the point where the two may be treated as one inseparable entity in terms of economics and status (Amundsen, 1971).

This unit first examines the transitions facing women as they age and the effect that personality types and role changes have in creating a variety of life patterns. The concerns of older women as they carry on their daily lives and the societal changes that have the possibility for support and enrichment of older women's life situations are presented in the latter part of this unit. In reading the following descriptions of the research in this area, the reader is reminded that the words "middle-aged" and "older" have a variety of definitions dependent upon the individual researchers. The studies presented attempt to show the range of typologies used to describe the lives of women over forty.

Transition

Women now aged 40 and older are the first generation with long life expectancy. The average life expectancy for a woman at the turn of the century was 47 years. Today the picture has changed dramatically. "We are the first women to face several decades of living after our traditional roles of wives and mothers have been completed, decades in which we should have the opportunity to forge a new and fulfilling life for ourselves" (Collins, 1976, p.64).

Elizabeth Janeway (1971) praises middle age as a world of action, decision, and power. She sees today's world as offering women an opportunity to succeed in a variety of trades and professions--a second chance to enlarge their lives. "So the options open to middle age in our time include both the chance to work in new fields and the opportunity to go on with work already begun" (p.174). Life at middle age has an open-endedness that connects it with the past and future. She sees it as central that the middle-aged reach out to join hands with the wisdom of the old and the imagination of the young. This would be the "crowning pleasure" to feel oneself a link in a continued story.

Transition to middle age can be a time for a rechanneling of energies and a change of focus. Sheehy (1976) describes the predictable changes that she sees in the transition to middle age, and observes that the woman who no longer has children at home is forced to redirect her energies. For this woman, replenishment of purpose in the second half of life is gained through "cultivating talents left half finished, permitting

ambitions once piggybacked, becoming aggressive in the service of her own convictions rather than a passive-aggressive party to someone else's" (Sheehy, 1976, p.294). A woman who had put achievement first up to this point in life might now put more effort into friendships, community activities, relationships with men and other women and the spiritual side of life.

Lowenthal and her associates (1975) studied men and women at four life stages; high school seniors, young newlyweds, middle-aged parents, and an older group about to retire. These middle- and lower-class subjects were interviewed for an average of 8 hours using both open-ended material and structured research instruments. There were 27 middle-aged and 30 preretirement women in the study. The average age of the middle-aged women was 48 years; the older women, 58 years. Eighty-nine percent of the middle-aged women were married, compared with 73 percent of the preretirement women. More than a third of each group had some education beyond high school. Forty-eight percent of the middle-aged women were working full time; 4 percent, part time. Of the preretirement group, fifty-three percent of the women were working full-time; 10 percent, part time.

The middle-aged women were almost exclusively family-centered. Employment did not appear to be a source of emotional satisfaction. They had few roles or activities outside of the family because their energies were consumed primarily with their children but also, to some extent, with their husbands. In describing their lifestyles, many "seemed in despair about their marriages and what they sensed to be an increasing dependency on their husbands" (Lowenthal et al, 1975, p.219). Their hopes focused on their children. They were the least cheerful of all the women in the sample about whatever they saw to be their main transition and only half had a positive attitude toward whatever that transition might be. Women who considered their husband's retirement in the distant future as their main transition were more pessimistic than those women who viewed their youngest child's leaving home as their main transition.

Half of the women in the preretirement stage anticipated their own retirement from paid jobs as their main transition; the other half emphasized their husbands' retirement. The preretirement women had a more optimistic outlook toward the next 5 years than the middle-aged women, though not necessarily toward the retirement stage in particular. Fourteen percent of the preretirement women were completely negative in their attitude toward their main transition; these were primarily widowed, divorced, and single women. Most preretirement women retained the family-centeredness and gained no real satisfaction from their jobs. They did have a stronger interest in personal growth and socially oriented goals than the middle-aged women. However, their main goals centered on perpetuating a comfortable and familiar life style.

Planning was almost non-existent except in the preretirement stage. Even those who did have plans were more likely to be thinking of a trip rather than preparing for a new way of life. The few women at the "empty nest" transition who had plans focused on plans for their children. Their plans for their own use of time were vague and diffuse. Among preretirement women, the unattached working women saw their retirement as

a crucial transition and felt the need for planning. Preretirement women who pictured their spouses' retirement as their main transition let their future be determined by fate or by their husbands.

Older women may restructure their life goals to allow more focus on self and less responsibility for others. A sixty-year-old married woman who had been a homemaker and volunteer community worker describes her new focus on self:

I feel that life under my own steam, in my own control is just beginning. It is exhilarating. I use my energies now for my own self-development and fulfillment. I am becoming a one-person do-it-myself authority on anything that concerns me -- health, education, entertainment, adventure, relationships. . . I feel liberated from a long, sticky period of role playing, stage-managed by everyone but myself, and am now moving into a period of being and becoming myself -- which is unfolding and surprising me at every turn: so far, pleasantly, although not without serious confrontations with my husband about my "right" to do so. These confrontations have been to a large degree successful, although involving inevitable compromise on both sides. . . (Collins, 1967, p.6).

A woman of sixty-four describes herself and her friends as becoming more and more themselves.

I have found the greatest joy is that one can be absolutely open, say outrageous things if they are true. There is nothing to lose, for, as one accepts oneself, warts and all, in old age, others accept one. . . . what might be questioned in a girl of twenty is applauded as "character", even enjoyed in a woman of seventy (Sarton, 1976, p.27).

This woman's relationships have a breadth that include many people rather than a narrow commitment to one person. In old age she views everything as opening out inside and around her. "The walls are dissolving between being and essence, and when they dissolve altogether, when our selves, as we have known them, dissolve into death, it will be that we have grown into another dimension" (Sarton, 1976, p.27).

More and more women are in their eighties. Societal expectations offer a view of the forces that affect these women's lives. There are certain cultural patterns in our society that serve to define the aged as dependent (Clark, 1972). Clark (1972) describes these patterns as follows: (1) social denial to the aged of sources of wealth, (2) culturally-set time limitations on periods of dependency during life transitions or personal crises, (3) definition of most roles available to the elderly as non-reciprocal, (4) deep-seated fears of dependency resulting in conflicted interpersonal relationships among many older

persons, and (5) confusion of realistic needs and neurotic patterns among the elderly due to the strong negative value placed on dependency regardless of its nature.

Many older adults believe that dependency, except in young children, is weak, psychopathic, immoral, and un-American (Clark and Anderson, 1976).

They have pointed to the poverty and misery of others as clear signs of improvidence and failures. Yet these same advocates are now those who -- if they live long enough -- will really need other people. This situation surely represents a serious discontinuity in our culture which is lacking in many others (Clark and Anderson, 1977, p.273).

However, Clark and Anderson found many older people who did rely upon and love other people and were willing for others to rely upon and love them. Thus they were freed for further growth and development.

"There is much evidence to suggest that the eighties are an extraordinary period when the threads of a lifetime draw together into a skein of recognizable proportion, weighty with the wisdom of years" (Jones, 1978, p.113). For some, the eighties are a period for taking stock, and putting in order; for others, it is a time when their productivity becomes fully ripened. The experience of individuals in their eighties conveys the message that old age can be the crowning achievement of life.

Representative life patterns of ordinary women in their eighties living in today's world are portrayed as follows:

Alice Pearce, 80, was elected Homecoming Queen last fall at Methodist College in Fayetteville, North Carolina. In addition to working for her degree in English at the college, where she is a junior, Pearce works part-time for the Fayetteville Symphony. . . . Her activities have given rise to the rumor that she has burned out two heart pacemakers (Jones, 1978, p.115).

Henerietta Henius, 86, is a fragile-looking woman who appears never to have seen the harsher side of life. But for 33 years she was a social worker with the New York criminal courts, a kind of investigative reporter meeting and talking with all types of people Her hobby is locating missing heirs. She watches the New York Times listings of unclaimed bank accounts, then researches out-of-town telephone directories and other sources to track people down (Jones, 1978, p.116).

(Grace) Petittlerc has worked for 50 years as an educational therapist, treating children with various sorts of learning disabilities. She maintains an active practice at 82. She took a master's

degree in communications at the University of Hawaii at age 74. Now she is trying to cram a life's experience into a summary book she has titled The New Child (Jones, 1978, p.119).

Lydia Torry, 86, lives by herself on a small island along the Canadian border near International Falls, Minnesota. During the winter she chips ice from the lake and hauls it to her house on a sled to melt into water. Her neighbors check in now and then, she says, bringing her groceries periodically by boat or, when the lake is frozen, by snowmobile (Jones, 1978, p.114).

Role Patterns and Role Variations

Role changes and redirection of energies in older women's lives create a variety of living patterns. Havighurst (1957) carried on one of the earliest studies that described dimensions of women's lives after forty. He investigated the role performance of middle-aged people. He discovered two clusters of configurations; the roles in each cluster showed a high correlation with each other. One cluster contained the leisure, friend, citizen, and association member roles. This was labeled the "extra-family configuration". The "family configuration" consisted of the cluster of roles that included parent, spouse, and homemaker. The church member role had low correlation with other roles. The worker role had different patterns of correlation of women than for men; for women it was more closely related to the extra-family configuration.

Havighurst (1957) described most women's lives as simply structured because they were organized around the primary focus of home and family, while most men's lives had two foci, the job and the home. Women with family-centered patterns tended to be distributed fairly evenly over the 40 to 70 age range. Men could rate higher as a parent and homemaker with less effort than was expected of women. Thus, women employed outside the home met the social expectations of homemaker and parent less well than their male counterparts. However, the woman who worked successfully at a job outside the home also tended to earn higher role-performance scores than men in the roles of citizen, friend, and user of leisure time.

Generally, there was no sharp decrease of role performance with age (Havighurst, 1957). Roles for women had a small increase as some entered the labor force in their middle years. Havighurst (1957) concluded that in the age range 40 to 70 "people's social competence remains on a plateau which has been achieved in early middle age and slopes very slightly downward toward the later years of life" (p.341). In viewing social class differences in role performance scores, generally the upper and upper-middle class people met the American expectations of performance better than people in lower classes. However, some lower-class people performed as well as the majority of upper-middle class people do.

Havighurst found 34 definable patterns or profiles of role performance. They were established in early middle age, i.e., in the 40's; sixty-year-olds showed substantially the same patterns as forty-year-olds. Havighurst interpreted this cross-sectional data as evidence that patterns persist through middle age. Women's lives today as compared with 1957 may be less simply structured with increasing numbers of older women entering the work force. The role cluster and persistence of patterns through middle age are quite applicable to and important in viewing the lives of older women today.

Additional support is offered as evidence of personality types remaining the same as women move from middle to old age. Six personality types emerged from Neugarten's (1964) ratings of 45 females. (The women in the study were white, ranged in age from 53 to 85 years, and resided in the metropolitan area of Kansas City.)

The integrated women had a balance between active strivings and passive-receptive qualities. "Although these women were maternal, they had evidentially had long-standing identities more inclusive than the roles of wife and mother" (Neugarten, 1964, p.177).

The passive dependent type represented women whose self-definition was structured around the roles of homemaker and mother. Their relatively good adjustment to aging rested on the availability of opportunities to continue their roles as homemaker, mother, and grandmother.

The defended-constricted women ". . . were uncomfortable with issues or impulses having to do with love, tenderness, or sexuality and protected themselves from anxiety by activity and outer-world involvement" (Neugarten, 1964, p.179). They saw their activities as a search for a more complete feeling of fulfillment. Their satisfaction with life continued so long as they were able to keep their lives as active as possible and rigidly compartmentalized.

A fourth type, the self-doubting women seemed to be in the midst of an identity crisis which was making them painfully aware that earlier emotional gratifications were no longer functional. There were signs of movement toward a new emotional equilibrium where they were able to be more self-assertive and to feel more competent.

The competitive women also seemed to be in an identity crisis. They were suffering from dissatisfaction, anger, and self-doubt; these feelings were precipitated by menopausal changes, children leaving home, and marital tensions. They were undertaking activities that "involved striving for competence and independence and sometimes hostile and competitive attitudes toward men, co-workers, and friends" (Neugarten, 1964, p.182).

The unintegrated women did not sublimate their aggressive drives into behaviors that were flexible and empathetic. Their behavior seemed to show "a minimal control and an almost explosive reactivity" (Neugarten, 1964, p.183).

The personality types were not, on the whole, related to age. Four of the six female types were distributed over wide age ranges from the early fifties to the late eighties. (Six of the seven women in the "self-doubting" and "competitive" categories were in their early fifties). Neugarten saw this finding of a lack of relationship between personality type and age as an implication that personalities maintain their characteristic patterns of organization as individuals move from middle to old age. There is a need to replicate this often quoted study to determine if these six typologies still apply to the lives of older women.

Maas and Kuypers (1974) undertook a study concerning the lives of aging women and men who were not constrained by poverty. The subjects' average age was 70 years. They were economically well off and in above average health. The 95 women all were mothers; at the time of the interview, 62 of them were married, 28 were widows, and five were divorced or separated. The researchers found six life style clusters for the women: husband-centered wives, uncentered mothers, visiting mothers, work-centered mothers, disabled-disengaging mothers, and group-centered mothers.

The husband-centered wives had high involvement only as a marital partner. They did most things with their spouses. They did not see their children, grandchildren or siblings often. Their focus was on home and neighborhood.

Eighty-one percent of the uncentered mothers were no longer married. In their daily lives their interactions were not of an informal type but rather were for occasions such as playing bridge or attending a spectator event together. They visited their children and grandchildren more than the mothers in any other cluster, but only one-fourth were as highly involved as mothers. Fifty-seven percent were highly involved as grandmothers but three other clusters had higher involvement in this area. Their way of life could be characterized as fundamentally receptive.

Although nearly all of the visiting mothers were married, marriage was not of central concern to them. They were highly involved in social interactions through visiting and being visited, parenting, and group membership. They had many recreational interests, many of which they pursued alone. "There is something traditionally village-like in the style of the . . . visiting mothers as they informally entertain visitors or busily go their rounds of family and groups of friends, all the while disapproving of what the world out there is becoming" (Maas and Kuypers, 1974, p.57).

Nine of the 12 employed mothers were highly involved in the marital role but not satisfied with marriage. The sick role was an important dimension of their lives as evidenced by recent visits to doctors for treatment and stays in hospitals within the past year. They had low levels of interactions with friends, children, and grandchildren, and in groups. There was nothing in life that the disabled-disengaging mother found very satisfying.

The group-centered mothers had high involvements as group members, citizens and retirees. The home or informal interactions with friends were not important dimensions of these women's lives. None of their satisfactions were in the family area. They were somewhat dominant in their role as parent; marriage was not important. They were not highly involved with friends on an informal basis. "Rather, interaction in the formal organization of clubs and frequent attendance at church marks the Gs ("group-centered mothers") as more at home in structured or ritualized settings" (Maas and Kuypers, 1974, p.74).

Thus, expanding interests and involvements beyond the family appear to increase the level of life satisfaction of wives and mothers in their later years if economic circumstances and health problems are not constricting influences. However, many older women live in poverty and therefore have limited opportunity for creating satisfying lifestyles.

The current realities of older women's lives can be separated into 13 role types (Jacobs, 1976). The nurturers "devote themselves to husband and kin as their primary or most salient activity, being grand-mothers, mothers-in-law, housewives, etc." (Jacobs, 1976, p.34). Type two, the unemployed nurturers, utilize their nurturing and other skills in paid and voluntary work.

The chum networkers and/or leisureists is a diverse group of women who gain their identity from passing time with other women in pursuit of pleasure and mutual support and affection. The careerists also find their primary satisfactions and important social relations with other women. However, the main identity comes from their work. The retired careerists may have just as hard or harder adjustment to retirement than men.

Some seekers are motivated by a variety of reasons to experiment with fads, such as new religions and astrology. Other seekers are looking for job, educational, and volunteer opportunities. The advocates use their talents in the service of various causes -- political, environmental, feminist, educational, and others. The assertive seniors direct their energies toward fighting for their collective rights.

The faded beauties fight the loss of youth with beauty salons, clothes, health clubs, and sometimes lovers. "Desperate for attention, faded beauties frequently resort to sickness for it, become the doctors" (Jacobs, 1976, p.38). The doctors have a high rate of physician visits, hospitalization, and disability. Those who drink too much and succeed at suicide are labeled the escapists. Many began the use of alcohol late in life possibly because of stresses of growing old combined with loss of status and health. The isolates include women living alone who do not have enough money for necessities, let alone recreation or transportation, as well as women in institutions who receive only cursory care and few, if any, visitors.

Jacobs (1976) concludes that older women must engage in "enriched multiple roles" in order to fulfill themselves and improve the world.

We should all nurture ourselves and others, cope with loss and re-engage, have friends and good leisure occupations,

do meaningful and productive work as long as we are able. . . be eternally curious and learning seekers, be advocates for equality, justice, and peace in the world, be sufficiently narcissistic to respect and maintain the beauty of our bodies including our wrinkles, doctor intelligently. . . escape, retreat, and isolate enough to think, dream, and grow, and return to society with creativity and assertiveness to defend our own rights as seniors and those of others (Jacobs, 1976, p.39).

Concerns

"Old age is not a giant leap; it is a series of small steps that connect us with our past and our future, lived day by day, an enormous passage of time only when viewed in retrospect" (O'Brien, 1973, p.180). The concerns of an older woman may vary with the particular life situation in which a woman finds herself. O'Brien describes her view of the unmarried woman as a person with a job that usually pays much less than that of a man and with "the fear of growing old alone, with no one to care, no one to share the uncertainties with" (O'Brien, 1973, p.174). The professional woman approaching retirement age is faced with the same fears concerning the loss of a lifetime's pattern of work that are felt by a man.

The married woman sees her children grown and become teenagers. Her aging may parallel her husband's. She has freedom from extended child care responsibilities and may have increased financial security. (The impact of the postparental period is discussed in depth in the unit on family relationships). The women closely bound in an ethnic neighborhood are spared much isolation when their husbands die. They are part of a unit with their families close by (O'Brien, 1973). However, widows without such support often need to establish new social networks after the death of a husband. (The experience of widows is more fully presented in the unit on widowhood).

Warren (1974) surveyed 56 females and 9 males living in low-income urban housing to determine their self-perceptions of independence. The respondents ranged in age from 60 to 90 years old; 45 of the 56 were widowed. Seventy-four percent lived alone. Questions incorporated in check-list style were asked concerning six tasks: 1) bathing and grooming, 2) dressing, 3) meal preparation, 4) laundry, 5) housecleaning, 6) getting out and around. Twenty-seven or 41.5 percent of the subjects considered themselves completely independent; the remaining 38 or 58.5 percent reported some limitations within the six tasks.

Subjects were also asked what tasks concerned them most in managing on their own. Only 37 percent expressed any concerns. Those who did were about evenly divided between concern over their ability to get out and around and worry over being able to continue housecleaning activities. The fact that there were 58.5 percent who had reported some degree of dependency on the tasks described above led Warren (1974) to suggest that

"many who had reported no concerns had adapted to their limitations, had developed an attitude of resignation, or a seeming indifference that masked their real concerns from the casual observer" (p.335).

A national poll by Harris (1975) revealed some sex differences affecting the degree to which people 65 and older suffer from various problems. Older women tended to report fear of crime as a very serious problem. Loneliness seemed to afflict older women somewhat more seriously than older men. Older men were slightly more likely to complain of not enough job opportunities than older women, but the differences were minimal. "All in all, the key demographics such as income, race, sex and education are more important indicators of serious problems than age" (Harris and Associates, 1975).

The major concerns of older persons who wrote to syndicated newspaper columnist "Dear Abby" were loneliness, interpersonal problems with a spouse and other relatives, sexual problems, and rejection (Gaitz and Scott, 1974). The writers were predominantly women (66 percent). More women than men were concerned with illness, rejection, problems with spouses and relatives, and etiquette and grooming; more men than women wrote of sexual problems and problems of finding a new mate. "The older writers often express succinctly the awareness of their limitations (physical, economic, losses of friends and family) and at the same time indicate a strong desire to manage their lives with minimum assistance in spite of these limitations" (Gaitz and Scott, 1974, p.49).

Social Changes

Certain structural arrangements and cultural values are associated with women's changed status upon reaching middle age. Bart (1969) describes cross-cultural differences between higher and lower status in middle age.

Thus, a strong tie to family of orientation and kin rather than a strong marital tie, an extended family system rather than a nuclear family system, an institutionalized grandmother role rather than no formal grandmother role, a mother-in-law role rather than no role for a woman in relationship to her son or daughter-in-law, and residence patterns keeping one close to the family of orientation all strengthen women's kinship ties and improve the women's position in middle age (Bart, 1969, p.13).

In all but one dimension, the patterns associated with lowered status are present in our society. This lowered status often creates stress for older women in our society.

Many disruptions are possible in older women's lives; for example, spouses die, children move away, employment is no longer available; women must cope with these changes. Research generally has been focused on the means by which individual women cope with their environment rather than on the social environments of older women. Changes in cultural structures could provide more support during transitions in this period in life.

An overall view of living patterns of older women indicates that several of the more satisfying patterns are dependent upon the presence of family, a job, an organization, or friends. An affiliative family form is a structure that would integrate the older population into society and into the family system by creating occupational and family roles for them. This structure is described as "any combination of husband/father, wife/mother, and their children, plus one or more older persons, recognized as part of the kin network and called by a designated kin term" (Clavan and Vater, 1972, p.409). The family members may or may not reside in one household. Monetary remuneration may or may not be involved. The basic ingredient is voluntary commitment to one another within the affiliative family unit. Older women within the affiliative family form could help with the socialization of the child and the emotional support of family members, within the home setting. They could staff services for low income families. Thus, they could regain homemaking and perhaps working roles.

Dr. Kassel (1966) advocates a change in the structure of marriage for people over 60. With the greater ratio of older women to older men, polygyny offers older women the opportunity to remarry and to reestablish a meaningful family group. Those women who are excellent cooks would have renewed incentive; therefore, the diets of older people in such groups would be improved over what they would be likely to have as widowed persons. The sharing of income, housework, and care of an ill family member within familiar surroundings would be other advantages of such a living arrangement. Kassel also predicts more intimate relationships and participation in community activities among members of such family groups. He sees the possibility of many complications but feels the advantages gained by older people would more than compensate for the difficulties in modifying the structure of marriage for those people over 60. Allowing women continued access to careers would provide significant roles for some older women (Bart, 1969). This would entail changes such as expansion of the day-care and after-school care centers. Thus, women could more easily maintain their skills by working at least part-time during the child-rearing period.

Lowenthal and her associates (1975) concluded from their findings that the potential of older women was being wasted. They suggested short-term changes: well-advertised educational programs for all middle-aged and older people including minorities and the poor, training facilities to provide career change opportunities, industry and media campaigns to combat the youth orientation in our society, and preventive mental health programs. Ultimately, however, the social institutions must change so that older people are integrated within the vital institutions.

What is needed is a life-course orientation in all of our social, educational, and economic institutions, one which will have its impact on adolescents and young adults, so that, when they approach the twenty- or thirty-year post-parental stage, they will not be forced to project as empty a future as do most people who now make up the postparental and retirement cohorts (Lowenthal et al, 1975, p.244).

Most living patterns discussed in this chapter seem to focus on one role. When the particular role is lost, women deserve the opportunity to

move into another lifestyle that will be satisfying to them. Six major needs were perceived within the older adults studies by Clark and Anderson (1967):

Satisfaction of these are components of the "Good Life:"

- 1) Sufficient autonomy to permit continued integrity of the self;
- 2) Agreeable relationships with other people, some of whom are willing to provide help when needed without losing respect for the recipient;
- 3) A reasonable amount of personal comfort in body, mind, and physical environment;
- 4) Stimulation of the mind and imagination in ways that are not overtaxing of physical strength;
- 5) Sufficient movement to permit variety in the surroundings;
- 6) Some degree of passionate involvement with life, to escape preoccupation with death
(Clark and Anderson, 1967, pp. 232-233).

The life patterns available to many older women incorporate a few of the above components. Our society needs to offer a much richer vision of life for the woman over 40 so that she has the possibility of satisfying her needs and sharing the "Good Life". The concerns of older people have been neglected until recently. "Solution to problems of neglect cannot be found by changing old people, but require changes in society" (Lozier, 1975, p.297). Societal changes that provide support for a view of life after forty as a time of redirection of energies and redefinition of roles rather than a period of role loss and dependency are essential.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why is a family role insufficient for achieving life satisfaction for many older women?
2. What factors appear to force women to make changes in their role as they age?
3. What roles are you engaged in at present? Which do you anticipate retaining as you age? Which will you drop?
4. How do the roles that older women have affect their lives?
5. What roles do you think would be most fulfilling to you as an older woman?
6. Why might an older woman feel little sense of control over her life situation?
7. What are the factors that seem to limit the lives of older women, especially those women aged 65 and over?
8. Imagine you are 60. What type of lifestyle do you think you would have? What type of lifestyle at age 80?
9. What changes in our society do you think will have the most impact on older women's lives in the next decade? By year 2000?
10. How would you describe the optimal life situation for an older woman?
11. If you were a state commissioner on aging, what policies concerning older women would you advocate?

SUGGESTED ACTIVITIES

1. Describe the lifestyle of an older woman you know fairly well. Include her daily activities, habits, interests, living arrangements, and so forth.
2. Watch television programs for a week to note situations in which older women are found. Compare these situations with information from research studies concerning the lives of older women.
3. Have students create a collage of pictures and articles about exciting aspects of older women's lives. Discuss the possibilities for growth, change, and fulfillment with aging.
4. Think about your life situation now -- how you spend your time, what your home is like, how you spend your income, and so forth. Project

yourself to the time when you are at an age when you can no longer live in your own home. Describe the type of living arrangements you would choose, the considerations that were involved in the decision, the characteristics of the physical setting and people in your new home, your feelings about the change, and other related information.

5. Develop a questionnaire concerning the needs and activities of older women. Include questions concerning their activities, their economic needs, feelings about themselves as members of the community, health needs, mobility, ability to maintain some independence. Use the questionnaire to survey older women in various living situations.
6. Investigate social services available to older women in a given area. Discover who uses the service, how it is publicized, cost, procedures involved in gaining the services, and other information deemed relevant.
7. Invite older women who consider their lives full and satisfying to share their experiences with the class members.

UNIT SEVEN

FAMILY RELATIONSHIPS

The life cycle of women has changed dramatically over the last 80 years. In 1890, the average woman was widowed before her last child left home; her last child would marry when she was 55, and she would live to about age 68 (Neugarten and Datan, 1974). In 1966 a woman in her middle to late thirties could expect her last child to marry when she was 48, her husband would die when she was 64, and she could expect to live to age 74 or beyond. Today a woman who reaches 65 years of age can expect to live 18 more years on the average or until the age of 83. Thus, the lifespan of women now may extend more than 30 years beyond the time when the youngest child leaves home.

This unit will examine the changes within family relationships that are a part of the older woman's increased lifespan. Factors such as children leaving home, separation and divorce, aging parents, the husband's retirement, and the husband's death cause changes in the roles of older women. For example the older woman must make adjustments in her mothering role after her children have left home. The first section of this unit will focus on the period after the youngest child has left home--the postparental period. Marriage satisfaction in the later stages of life and remarriage as an option for older women are discussed in the second and third sections. The fourth topic is the changing grandmother role. Relationships between parents and children and the factors involved in the choice of institutional living for older women form the final two sections. The dimensions of change caused by widowhood are discussed in a separate unit (see Unit 9).

The years after childbearing and childrearing bring new developmental tasks to women. To grow toward emotional maturity, women must deal effectively with these four areas in their development:

1. Increasing one's self-esteem by developing more self-awareness.
2. Separating from one's parents and children by becoming a more independent and secure adult.
3. Reviewing one's own values by confronting one's existing value system and either changing or reenforcing that value system.
4. Initiating plans for the future by recognizing the aging process, and planning for aging as a part of the future (Diekelman, 1975, p.997).

Coping adequately with the above tasks allows women to be secure, independent individuals who are able to change as their lives change rather than becoming depressed, ill, or suicidal (Diekelman, 1975).

Postparental Period

Due to their involvement in homemaking and child-rearing as primary roles, most women experience role changes earlier than men. For a mother, the period after her children leave home may be a time of finding new ways of nurturing, a time of freedom and new goals, or a time of emptiness which she cannot easily fill. Pearlin (1975), in a study of sex roles and depression, found a negative relationship between age and disenchantment with the homemaking role. Apparently older women were less distressed by homemaking than younger women because they may have had more time to adapt to the role, they have tended to operate within a more traditional set of values, and their homemaking role became easier as the children grew older and left home.

More and more women are responding to the "empty nest," or postparental period, by returning to the labor force, usually to clerical and sales jobs that require little training or skill. Increasingly, educated middle class women are gaining further formal education so that they can qualify for more challenging work. However, the lack of resources and experience are obstacles that keep many women from creating new and satisfying roles when their earlier ones no longer exist (Blau, 1973).

When confronting the "empty nest" period, women who have a strong family orientation are clearly in a more critical period than men at a similar point (Lowenthal et al, 1975). (The Lowenthal study is described more fully in Unit 6.) The passage through the postparental transition involves more than the youngest child's graduating from high school and establishing himself in the world (Spence and Lonner, 1971). The complexity of the empty nest transition is demonstrated by expectations women may hold for their children and the effect these may have on expectations they have concerning their own life course.

It was as important for their offspring to be "on time" as it was to be "on time" themselves. This notion becomes critical when it can be demonstrated that the children's failure to progress as expected will delay or threaten the smooth unfolding of the mother's later life expectations (Spence and Lonner, 1971, p.373).

For example, a daughter's refusal to marry right after finishing her education may interfere with a mother's expectations involving her role as a grandmother.

Another dimension of the complexity focuses on the perception that one's child is able to pursue life independently. Women who expressed fears concerning their children's ability to lead a successful life did not feel free to pursue new goals for themselves. "Thus, when they spoke of alternative goals toward which they could restructure their lives, they sounded very tentative, vague, and even pessimistic" (Spence and Lonner, 1971, p.373).

Moving out of the mothering role may allow a woman more choice in whether or not she conforms to traditional female sex roles. Women see

themselves as having more assertive impulses as they grow older (Lowenthal, 1975; Neugarten and Gutman, 1968). The relationship of employment to psychological adjustment of "empty nest" women was studied by Powell (1977). These college-educated women were married and in their late fifties at the time of the study. Employment was significantly related to psychiatric symptom scores in these women. The same trends were seen in women of comparable age who still had children at home, but the differences were not significant.

The fact that significantly higher psychiatric symptom scores were exhibited by women not employed outside the home than by women employed full-time, with part-time employed women occupying an intermediate position, suggests that the traditional housewife role often has a tragic personal consequence for well-educated upper-middle class women -- premature retirement, sometimes accompanied by anxiety and depression, as maternal demands cease or diminish (Powell, 1977, p.42).

In contrast, family-oriented women in Lowenthal's study (1975) were depressed and anxious even though a majority worked outside the home. Possibly the satisfactions from outside employment did not have the emotional significance to these women that was equivalent to the mothering role (Higgins, 1975).

Between the ages of 40 and 50, the personality development of older women who have led traditional lives may follow at least two different patterns. According to Livson (1976), the key factor in the different patterns of development was the fit between a woman's lifestyle and her personality. Some women who were not motivated to change themselves or their situations appeared happy with their lifestyle. Even after their children left home, these women continued to feel of value in the role of wife and mother and to find satisfaction in their relationships with others outside the family. Consequently, there was minimal conflict between their personalities and their lifestyle.

Another group of women appeared to have an identity crisis when their children reached adolescence. "Having suppressed their intellectual competence and grown away from child-care skills, they seem unable for a time to connect with a workable identity" (Livson, 1976, p.113). Their children leaving home stimulated them to revive their intellectual skills and originality as part of their identities and to become more goal-oriented.

There are several conditioning situations that provide an opportunity to anticipate postparental roles (Deutscher, 1968). Life in the urban high school can move the children into a world foreign to the parents. Children depart for college or service in the armed forces and return periodically. Contact with any extended family tends to reduce the impact of the transition to postparental life. The small group of postparental spouses interviewed by Deutscher (1968) appeared to have opportunities to prepare for postparental life, and most took advantage of these opportunities.

Married couples in the postparental phase of life may see this period as a time of freedom; freedom from economic responsibility of children; freedom to be mobile; freedom from housework and other chores. "No longer do the parents need to live the selfconsciously restricted existence of models for their own children..." (Deutcher, 1968, p.442). However, the positive effect on the marriage as a result of the children's leaving may be the balancing factor that keeps happiness from declining during the postparental period (Glenn, 1975). Postparental women report distinctly greater marital happiness, on the whole, than women in the same age range who are still in the parental role.

Thus, the myth that the "empty nest" period is usually a time of crisis for women is challenged by research findings. Reactions are dependent upon individual differences and life situations. During this period, women may seek opportunities to develop new aspects of their personalities and abilities, they may continue to find satisfaction in a primary focus on the wife and mother roles, or they may find their lives lonely, frustrating, and generally unsatisfying. To adapt effectively to role changes, a strong self-identity and an ability to shift roles are crucial (Higgins, 1975).

Marriage

An older woman may find increasing satisfaction with her marriage, or she may become less happy with it as the years pass. Studies of marital satisfaction over the family life cycle show two patterns. One group of studies suggest a continual decline in satisfaction while other research data show a leveling off of satisfaction followed by an increase in satisfaction in the later stages of marriage (Spanier et al, 1975). For example, in studying couples who had been married up to 20 years, Pineo (1968) found a number of changes that indicated disenchantment in the later years of marriage. There was a general drop in marital satisfaction and adjustment. Frequency of sexual intercourse diminished and the amount of shared activity dropped. "Confiding, kissing, and reciprocal settlement of disagreements become less frequent; more individuals report loneliness" (Pineo, 1968, p.258). In a counter example, retired working class couples reported little or no change in their marital relationship upon retirement and felt a high degree of marital satisfaction (Dressler, 1973).

Role strain may be the critical variable in determining marital satisfaction at a particular stage of the family life cycle (Rollins and Cannon, 1974). Various research studies have demonstrated that the number and intensity of social roles begin to decrease in the middle years. Burr (1970) obtained data from a random sample of 116 middle-aged couples concerning their degree of satisfaction over six areas of marital interaction: (1) handling of finances, (2) social activities, (3) tasks, (4) companionship, (5) sex, and (6) children. The findings showed the school-age stage (oldest child between 6 and 12 years) to be the most difficult. For women, there was an increase in satisfaction in all six areas after this stage. Thus, viewing marriage and family in terms of role strain means that role strain would be the least and marital satisfaction the greatest at both ends of the family cycle.

A number of factors other than life cycle stage relate to marital satisfaction of older persons (Renne, 1970). People suffering from physical disabilities, chronic conditions, or physical symptoms are more likely to be dissatisfied with their marriages. Educational level has little effect on marital satisfaction of older whites; however, older blacks with an eighth grade education or less are less likely to be dissatisfied than those with a higher level of education. Affluence may be the critical factor in the marital satisfaction for older white wives.

Marital satisfaction is also closely associated with a general feeling of well-being a positive view of one's health, and satisfaction with one's job and negatively associated with heavy drinking, feelings of isolation and depression, and an absence of intimate associates (Renne, 1970). Lynn Caine, author of Widow, found a surprising number of married women attending her discussions on the topic, "Women Alone - How to Make Life Meaningful". These women considered themselves as alone as the widowed, divorced, or single women in the group. "They are lonely women, women without a secure identity of their own, women who-- deprived of love and recognition-- are dying spiritually" (Caine, 1978, p.51). Some drink, over eat, or escape through the use of drugs. Others run away from home.

Another important factor influencing the marital satisfaction of the older woman is the husband's ability to shift roles upon retirement (Lipman, 1961). The wife is usually less involved in and has less reaction positively or negatively than her husband to his retirement (Kerckhoff, 1966). However, a variety of factors relate to the reactions of the wives. The wives who are sad about the retirement tend to be older, in poorer physical health, less active, more unhappy in their lifetime and in their marriage, and have husbands in manual occupations (Heyman and Jeffers, 1968). Wives of men who retired for health reasons or who have been retired over ten years are more often sorry than glad about the retirement.

Wives may have problems in adjusting to their husbands' retirement. Women who see no adjustment problems in their husbands' retirement view retirement as a time for a new and exciting life together (Fengler, 1975). Increased companionship and shared activities and interests, such as hobbies, travel, and visiting children and grandchildren, would give them more time together. These women see their husbands as having hobbies that would keep them busy and active. Wives who feel pessimistic about their husbands' retirement are concerned that their husbands have no interests other than work. The husbands would have too much time on their hands and would intrude into the domestic domain of the wife.

A woman now in her sixties has a long established self image. The basic image is usually that of wife, homemaker, and retired mother. "Her overt role has consisted in establishing the tone of the home, doing or managing the housework, planning and purchasing, giving her husband sympathy and support in his work, and in earlier years rearing children" (Cavan, 1968, pp.464-465). She often has friends, activities, and interests that do not include her husband.

In order to maintain his image as competent, decisive, and productive, the retired husband may assume decision-making roles in the home or may become a self-appointed expert. Thus, the wife's self image is threatened and conflict is created. The self concepts of both spouses must be re-adjusted to avoid damage to their views of themselves.

One means of adaptation for the retired male is the creation of a new role to replace the occupational one (Lipman, 1961). In households where husbands participated in the household tasks, the couple's morale was considerably higher than in households where the husband did not participate (Kerckhoff, 1966). This new role included many household chores, especially those chores requiring little specialized skill and knowledge, that could be performed jointly. As the husband became involved in household activities, the wife could no longer view her primary role as one of housekeeper and homemaker. The couple's activities moved toward a common area of activities with an emphasis on sharing and cooperation. Qualities such as love, understanding, companionship, and compatibility became the most important things a couple could give each other (Cavan, 1968). These adjustments worked out very well, particularly if the couple's desire for full-time work diminished with increasing age. With increasing emphasis on role equality and companionship in marriage, greater numbers of wives in the future may look more favorably upon their husbands' retirement (Fengler, 1975).

Remarriage

Remarriage as an option for older women who want to live in a family situation has become an important issue for several reasons. Changes in life expectancy have increased the number of older women. With changes in the age of marriage, many of the children of older women are in the postparental stage and facing retirement. They may be unable or unwilling to provide a home for a widowed parent. Ethnic groups whose traditions dictate that widowed parents live with their children are decreasing in number. In addition, there are an increasing number of couples who are divorcing after 20 years or more of marriage. In 1974, 164,000 divorces were granted to persons 45 years and older. "By 1974, the annual number had nearly doubled to 315,000" (Rooney, 1978, p.6). When asked about the cause of the divorce, most couples say the problems were always there in the background. When the children had grown and left home, trouble erupted and divorce followed.

Society tends to oppose remarriage of older widowed persons (McKain, 1972). Children are especially likely to discourage the remarriage by a parent. In some cases children fear their share of an inheritance will be reduced. Also, most children have thought of their parents only in the role of mother and father, not as husband and wife. "The sudden role reversal in which they are asked to accept a new member in the family is beyond their comprehension and they begin to consider their parent as childish, perverse, and certainly not qualified to select a marriage partner" (McKain, 1972, p.62).

The factors that relate to a successful marriage after retirement age are summarized by McKain (1969) under six general headings:

1. Bride and groom know each other well.
2. The marriage is approved by the children and friends of the couple.
3. Both persons easily adjust to the withdrawal from some roles that take place at this point in life.
4. Both the bride and groom own a home so that they come to the marriage on equal terms.
5. Both the bride and groom have sufficient income.
6. Both the husband and wife are reasonably well adjusted individuals.

Even if older women were encouraged to marry, many would not find a mate. They need to find other types of family situations. Sharing of a home by two or more women provides companionship of peers and fulfills dependency needs in times of financial or physical stress. Communes, which are somewhat larger groups that share a total community life, offer a place for the single person who seeks close companionship and sex and accepts these on a shared basis. Fictitious kin, such as adult children of a close friend or foster grandchildren, also can provide a personal family relationship. Alternative family situations for older women are described more fully later in this unit and in the life patterns unit.

The Grandmother Role

Changes have taken place in the timing of events in the family life cycle as a result of earlier marriages and earlier and more closely spaced childbearing. Thus, grandparenting has become a middle-age, rather than an old age, phenomenon (Wood and Robertson, 1976). Women now become great-grandmothers in their old age.

The traditional grandmother role has been described both as a role in which authority is the major focus in relating to the younger generations (Cavan, 1968) and as a maternal one involving care and responsibility for the grandchildren (Finkelhor, 1975). Two new styles of grandparenting are more frequently being enacted by present day grandmothers. One is characterized as a fun-seeking relationship while the other is labeled a "distant" relationship (Neugarten and Weinstein, 1968).

In the fun-seeking relationship, the grandparent joins the child in specific activities for the particular purpose of having fun. Grandchildren are received as a source of leisure activity or as a source of self-indulgence. The emphasis is on a mutually satisfying relationship.

The other frequently adopted style is that of a grandparent who has only infrequent contact with the grandchildren, appearing only on holidays and other special occasions. "This grandparent is benevolent

in stance but essentially distant and remote from the child's life, a somewhat intermittent St. Nicholas" (Neugarten and Weinstein, 1968, p.284).

Women under age 65 more often adopt the fun-seeking style of grandparenting, while those over 65 more frequently have a distant relationship with their grandchildren. The age differences in style may reflect differences in values and expectations in persons who grow up and grow old at different times in history (Neugarten and Weinstein, 1968). Another explanation for the age differences may be that processes of aging and/or continuing socialization produce behavior changes over time in the grandparenting role. Only a study following grandparenting over both periods of time would provide information concerning whether individual grandmothers change their style as they age.

"Women often describe a preparatory period in which they visualize themselves as grandmothers, often before their children are married" (Neugarten and Weinstein, 1968, p.285). They may relive their own pregnancies and childbearing experiences in anticipation of the birth of a grandchild. However, the expectation of grandmothering as welcome and pleasurable is frequently accompanied by doubts of being "ready" and feelings of being prematurely old.

Older women may see the grandparenting role as one socially acceptable avenue for involvement with their children's families. Grandmothers often take on major household responsibilities when the mother is giving birth or working or in times of illness and crises. A majority of grandmothers find grandparenting comfortable and pleasant, but a sizable minority feel disappointment, discomfort, or lack of positive rewards from the role (Neugarten and Weinstein, 1968).

Women more often than men find the grandparenting role a source of biological renewal, a way of feeling young again (Neugarten and Weinstein, 1968). However, research appears to indicate that in general the role has only limited significance to older persons. Grandparents usually live on the fringe of the family group and assume a vital function only in the case of the disruption of the family functioning. "Overall, grandparents do not seem to expect tangible commitments from their grandchildren; they appear to be content if their grandchildren give them a modicum of interest and concern, however ritualistic or superficial this may be" (Wood and Robertson, 1976, p.302).

Parent-Child Relationships

Older women want to have continuous meaningful contact with their children and other relatives but do not want to live with them. This type of relationship is characterized as "intimacy at a distance" (Streib, 1972). A number of research studies have found that most older people have close relatives within easy visiting distance and contacts are frequent (Lowenthal and Robinson, 1976).

"A good relationship with children in old age depends, to a large extent, on the graces and autonomy of the aged parent -- in short, on his ability to manage gracefully by himself" (Clark and Anderson, 1967, p.275). Our society does not sanction the increasing dependence of a parent upon a child or the continuing dependence of a child upon the parent. To avoid conflict the parent needs to stay healthy and the child must not request aid when the parent has only a retirement income. Most older persons tend neither to give nor receive much advice, help, or money (Dressler, 1973). However, there may be class differences in that the parents in the lower occupational levels often put more emphasis on the extended family than parents at higher levels (Kerckhoff, 1966).

Relationships with children do not boost the morale of aging parents (Blau, 1973; Kerkhoff, 1966). The norm that precludes older people making demands on the young may prevent the expression of close interpersonal needs to the adult children. Sterility, formality, and ritualism seem to characterize the relationships of adult children and their parents (Lowenthal and Robinson, 1976). It may be that adult children see involvement with parents as precluding the possibility of living one's own life. The parents reinforce this idea by saying that their children have to live their own lives. Ill health of older persons may increase the amount of interaction, but the sickness may eventually alienate family members who are burdened with the care. Unwell women and men often are dissatisfied with their relationships with their children and lack close relationships with their grandchildren (Maas and Kuypers, 1974).

In the near future women in their 60's will be faced with caring for infirm mothers in their 80's and 90's, if they are not already faced with this situation; the demands of the parents, on the one hand, and the demands of the grandchildren, on the other, may weaken the woman's relationships with both (Lowenthal and Robinson, 1976). A greater number of middle-aged adults are confronted by problems in their relationships with aging parents, many of whom are aging mothers. Support is needed by the aging parent in experiences of loss of spouse, the privilege of driving an automobile, or independent living. Effective means of coping with physical problems must be planned. Lifelong personality problems become more entrenched with the passage of time (Simos, 1970).

Social problems of the parent are a source of considerable distress and threat to the adult children (Simos, 1970). The children are likely to become angered when the parent does not make use of available social resources. A solution may be to include the parent in social or family affairs, but such an arrangement is rarely welcomed on a consistent and prolonged basis.

In families where the parents have been relatively stable emotionally and able to respond adequately to the needs of a growing child, positive feelings of the child toward the parents continue into old age despite physical and personality changes which the years might bring (Simos, 1970). Where the parents have been unable to provide love and dependency and concern to the child, the care of the parent by the grown child may be responsibly performed but accompanied by feelings of resentment and burden.

Institutionalization

Living situations may change so that an older woman who had been living with family or friends is forced to turn to institution living. Other members of the household may be ill, infirm, or of advanced age. There may be crowded living conditions. An older woman may actually lose a place to live because another family member is hospitalized, is moving, or because the family is being evicted. Strain placed upon the family members because of illness or infirmity of the older woman may create difficulties in the living situation. Friction with another member of the household, usually an in-law, is a common problem.

The family is no longer a self-sufficient unit. One or more members of the family must perform roles outside of the family in order to support the family structure. The present day family has two functions: procreation and socialization of offspring (Karcher and Linden, 1974). The nuclear family can perform these functions adequately.

Older women have no recognized role to play within this nuclear family structure. When an older woman is incorporated into the present day family, conflict is often created by competition for existing family roles. If the older woman in the family fills the "sick role", then a family has a socially acceptable means of alleviating conflict. The older woman is not expected to fill other roles. This situation also makes it possible for the family to place the sick member in an institution thus removing her from the family setting completely. This pattern is more likely to occur in the middle socioeconomic levels where the nuclear family structure is more frequent as contrasted with the extended family structure found more often in the lower socioeconomic levels.

One of the most persistent myths about older people is that they are alienated from their families, abandoned to live a lonely existence or "dumped" in an institution. There is much more evidence of genuine affection and loyalty between parent and child than the reverse (Townsend, 1965).

Studies of paths leading to institutional care have shown that placing an elderly relative is the last, rather than the first resort of families, and that in general they have exhausted all other alternatives, endured personal, social, and economic stress in the process, and made the final decision with the utmost reluctance (Brody, 1974, p.73).

In planning for old age, older persons often ask about their chances of being institutionalized. Palmore (1976) studied normal aged persons over a 20-year period in a first attempt to provide a general estimate. He concluded that the total chance of institutionalization before death among persons living in the community would be about one in four.

The factors related to an older person's chance of being institutionalized may be grouped into two categories: (1) those indicating a greater need for institutionalization and (2) those indicating better access to

institutions (Palmore, 1976). In the first category, those persons living alone, never married, separated from spouse, and those with no living children or with only one or two children all had higher rates of institutionalization. Women have a higher rate than men mainly because they more often fall into the need categories just mentioned. Factors that influenced having access to institutions were finances, education, and race. Adequate income, more than 6 years of education, and being white increased access to institutions serving older people.

Four percent of the population over age 65 is in institutions. "About 62 percent of the institutionalized are women and 38 percent are men" (Brody, 1970, p.286). The segment of the older population aged 75 and over is growing faster than the total over-65 age group. Older women outnumber older men in increasing proportion with age, so it is not surprising that a higher proportion of women require institutional care. Some types of institutions providing care for older people are nursing homes, county homes, psychiatric hospitals, general hospitals, voluntary homes for the aged, and facilities for long-term chronic illness.

The need to turn to others for care and the surrender of the direction of one's personal life are two of the most negative effects on the mental health of older persons in institutions (Brody, 1970). Elderly institutionalized females perceived themselves to have fewer choices in their lives than older women living in the community (Hulicka et al, 1975). The atmosphere of institutions needs to be such that staff promote a view of each person as unique and permit as much control over personal activities and possessions as possible.

Provision for life-enhancing services needs to be a central component in an institution's program. Providing coffee and orange juice in the recreation room during the hour before breakfast increased the social interactions of handicapped older women, aged 68 to 90 years (Blackman et al, 1976). The recreational activity of making instant pudding provided an opportunity to awaken the dulled senses of disoriented older women and increased their awareness of each other (Derx, 1972). Institutionalized females who received a weekly facial, a morning application of cosmetics, and an evening cleansing of the skin showed a significant increase in self-esteem as compared with females in the same institution who were visited regularly by a number of volunteers (Ernst, 1974). Activity programs for apathetic older adults can result in new interest of the residents in personal grooming, conversational interaction, initiating their own activity, and desire to work (Brody, 1970).

Continuing family relationships is a key factor in fostering good mental health of those institutionalized. Many family members visit regularly and show warmth and concern for the older woman. Individual counseling and group programs for relatives are therapeutic, and help in understanding the older woman's behavior, in resolving feelings concerning the placement, and in comprehending the institutions' programs.

A large proportion of the present nursing home population does not need the services that are supposed to be available there (Karcher and Linden, 1974). Nursing homes are serving as a repository for many

healthy aged women who are displaced from a family setting. These women need care structures designed to meet their needs and without the stigma that is attached to personal care or "old-age" homes.

Congregate care facilities offer living arrangements for those older women who no longer can live in a completely independent manner in the community, yet do not need the total care of an institution. A wide range of intermediate facilities exist and are evolving. "The most visible are apartment buildings, hotels, and retirement villages for the elderly which have increased rapidly in the past ten years" (Brody, 1970, pp.307-308). These may provide only shelter or one or more additional services such as medical care, meals, housekeeping, shopping, or recreation. Boarding homes and foster homes for the elderly are also facilities that are increasing in number. Only a broad spectrum of congregate facilities will meet the needs of the heterogeneous aging population.

Weinfeld Group Living Residence is a renovated townhouse complex in Evanston, Illinois, which opened 4 years ago as an experiment in congregate housing for older persons. Each unit, shared by two persons, has two bedrooms, a bathroom, living room, a kitchen, and a door to the outside. Meals are provided in a central dining room where residents set the table and wash the dishes afterwards. Counseling, health care, homemaking aid, and activities are available. The aim at Weinfeld is to encourage residents to maintain ties with the community and with their families while providing only as much help as is needed. The eleven women, whose average age is 82, and the one man could not live independently in the community. "Now, pooling what strengths age permits, they give each other emotional and physical sustenance in an environment that feels and smells more or less the way home once did" (Wax, 1978, p.38).

The provision of services can make a significant contribution to the older woman's ability to continue living in the community. Women who received home aide service had significantly fewer days of institutionalization than those who did not (Nielson, 1972). The home aide service helped the older women carry out tasks they were unable to do themselves or ones that a family member might have to do for them. Having a family member or friend in the household able to handle evening or overnight care in addition to the home aide service reduced the chance of institutionalization to the extent that it would happen by chance only once in a hundred similar situations. Provision of supportive services is equally important to older women who provide care for the chronically disabled persons who are confined to their homes. Women who give such care often do not have time and energy for outside employment. Therefore, they cannot be self-sufficient financially. Placement of the disabled person in a suitable institution may deplete family savings.

In the United States, there are at least 1.8 million chronically disabled persons confined to their homes; miracle drugs and other medical advances increase this number constantly (Owens, 1977). Visiting nurses, homemakers, and transportation services need to be routinely available as well as counseling and assistance in dealing with Medicaid and insurance companies. Older women caring for a family member or close friend should not have to sacrifice other options in their lives such as outside employment or use life savings, in order to provide professional health care.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why is the "empty nest" period welcomed by some women?
2. What are the other consequences of the "empty nest" transition beyond just not having children living at home any more?
3. What events mark the marital relationship in later life? What do these events mean to an older woman?
4. Why would some older women react negatively to their husbands' retirement?
5. How have changes in the family life cycle occurring in the 1960's and 1970's affected grandparenting?
6. What are the positive and negative aspects of being a grandmother?
7. To what extent is physical health a factor in helping an older woman have satisfying contact with her children?
8. What are the potential stresses on a family when an elderly mother resides with her daughter or son?
9. Imagine you had to move into one room for the rest of your life. What would you take with you? How would you feel?
10. What factors relate to more older women than older men being in nursing homes and other institutions for the aged?

SUGGESTED ACTIVITIES

1. Interview a woman who has recently retired or whose husband has been retired less than 2 years. Ask her to share perceptions concerning the changes in her lifestyle; the satisfactions and disappointments created by retirement; plans, hopes, concerns, and fears concerning the future; and any other aspects she considers relevant.
2. Role play a situation in which family members are discussing living arrangements for the aging grandmother. Give to each player individually the role she/he is to portray.

Grandmother - Aged 78, widowed for 15 years, wants to remain in the home where she has lived for many years even though she is now unable to live independently without help, involved in a local senior center and church activities.

Mother - Aged in early 50's, has returned to work full-time, feels guilt and time pressure in regard to the needs and demands of her mother, concerned with her signs of her own aging.

Father - Aged in late 50's, successful in his career, coping with his own aging and plans for retirement, wants his wife to deal with her mother's problems or hire someone to help.

Daughter - Aged in late 20's, has many memories of enjoyable times with grandmother, views her grandmother as an interesting, vital person who continues to be involved in community.

3. Create a skit concerning two wives whose husbands are retired. One is happy with her situation; the other is not. Focus on various effects of retirement on the lives of older women.
4. Have one student act as a roving reporter to interview class members concerning the satisfactions and dissatisfactions of the married life for older women.
5. Develop a questionnaire concerning the postparental period and interview five women who have entered this period of life within the last three years.
6. Visit a nursing home or other institution for older people. Note the physical setting, services provided, programs available, location within the community, requirements for residents, restrictions upon residents, cost, information concerning staff, involvements of family members and others from outside community, reactions of residents and staff to various aspects of life in the particular institution; and other observations deemed valuable. Describe the positive and negative aspects in general or in regard to a particular older woman in your family who needs institutional placement.

UNIT EIGHT

SOCIAL NETWORKS

Older women's relationships with other people, either on a one to one basis or in groups, may change at a number of points in life: (1) at the postparental stage; (2) upon widowhood; (3) with separation and divorce; (4) at the time of retirement; (5) with a change in health status while still living independently; and (6) upon being institutionalized. The beneficial aspects of a high level of involvement in social networks of various types is stressed in the research literature. A low level of social interaction in an older woman's life may be voluntary; for example, getting rid of unwanted relationships may be related to changes that happen with aging, such as widowhood, or may be a continuation of a lifelong pattern of isolation.

Two types of networks, dyadic and multiple, may complement or substitute for each other at various stages in life. The relative importance of and relationship between two-person networks and multiple networks is still being debated by researchers. The loss of a confidant may have a more serious effect on the mood and self concept of an older woman than a reduction in the level of social interactions or a change in the number of roles in her life (Lowenthal and Haven, 1968).

The first section of this unit focuses upon the effect that various types of living arrangements have upon the social networks of older women. These changes particularly affect women 55 and over as the number of women who are widowed increases greatly for this age group. Social participation and friendship are discussed in the second section. Relationships with family and friends, as well as activities with the community, are often affected by the role changes that come with increasing age. Intimate friendship considered in section three can have great impact on an older woman's life.

LIVING ARRANGEMENTS

The pattern of living arrangements of older people is changing.

The distribution of the population by marital status and by living arrangements shifts notably with increasing age. For women the proportion married falls sharply and the proportion widowed rises sharply in the age range 55 and over. Corresponding to these changes, there are increases in the proportions living alone or with someone other than one's spouse (son, daughter, relative, non-relative) Two out of five women 75 and over lived alone, as compared to one out of six for ages 55 to 64 years (U.S. Department of Commerce, 1976, p.47).

The American Geriatric Society reports that "more and more older people are living alone as widowed or single adults or with unrelated peers, rather than with their children or in institutions" (Alvarez, 1972, p.77).

An increase in older persons who live alone is probable in the future (Alvarez, 1972). The tendency toward smaller family size means families are more likely to live in a smaller housing unit that cannot incorporate a three-generation family. Women are increasingly in the work force rather than staying home caring for aging parents. With a smaller age differential between parents and children, children are coping with their own problems of aging during the same period that their parents are facing increased physical limitations (Gelfand et al, forthcoming). Thus, issues such as changing perspectives of time and self, role adjustments due to retirement, and decreased income affect the children's capacity to offer psychological, social, and economic support that might include shared living arrangements. A fourth factor that affects the living situations of older people is the more selective admission policies of mental hospitals. Mental hospitals are no longer places for older persons who lack shelter or are physically infirm or frail. Some of those who are refused simply return to their homes to live alone.

To counter the impact of living alone, older women develop various social networks. These networks may include relatives, friends, neighbors, and work associates. The location of her home and the type of living situation may have a significant effect on the extent of the older woman's social contacts. Rosow (1968) studied 1200 middle-class and working-class residents of several hundred Cleveland apartment buildings. The men were 65 or older, the women 62 or older. He found that the number of older people's local friends did vary with the proportion of older neighbors and that these friends were basically drawn from older neighbors of same sex, marital status, and social class.

In areas of increased density of neighbors that were same sex and age, women's social activity increased more than that of the men. The middle-class single and widowed people were "extremely sensitive to density differences" (Rosow, 1968, p.385). Working-class women, whether married or not, responded in identical fashion to differences in density. "Their basic local orientation is so strong that density alone accounts for differences in their neighboring" (Rosow 1968, p.385). People over seventy-five had significantly more local contacts than those under 75. The neighboring of self-supporting women was not affected by density while they were working. However, after they retired, "the proportion with high local contact increased progressively with density from 21 percent of those in Normal areas to 58 percent of those in the Dense" (Rosow 1968, p.386).

Hochschild (1973) described a communal lifestyle that developed in Merrill Court, a small apartment building in San Francisco. Thirty-seven of the 43 residents were women; they were mainly widows. They ranged in age from their sixties to some in their eighties. The first gathering began around a new coffee machine in the recreation room. Six months later there were many activities such as bowling, classes on various subjects, birthday parties, and visits to nearby nursing homes. Most residents belonged to the Merrill Court Service Club which set up committees and chairpersons for various activities.

There was also "an informal network of friendships that formed over a cup of coffee in the upstairs apartments" (Hochschild, 1973, p.51). Most neighbors were also friends, and the friendships were mainly confined to each floor. This neighboring was a way of relaying information or misinformation about others and also a way to detect sickness. The habits of neighbors were known, so anything unusual was immediately spotted. The widows who were in good health took it upon themselves to care for one or two in poor health.

"There were rivalries and differences in Merrill Court but neither alienation nor isolation. More obvious were the many small, quiet favors, keeping an eye out for a friend and sharing a good laugh" (Hochschild, 1973, p.54). Hochschild describes most of the residents as "social siblings". They were equals among themselves, they wanted and could give basically the same things. When they exchanged services, it was usually the same kinds of services they themselves could perform. As an example, two neighbors might exchange corn bread for jam; each knew how to make both corn bread and jam.

Hochschild (1973) saw autonomy as a central factor in the development of the sibling bond. Institutions such as nursing homes and convalescent hospitals foster nonreciprocal relationships to the attendants and nurses, in Hochschild's view. "If there is a strong parent-child bond, it may overwhelm potential sibling solidarity" (p.55). The residents cannot meet as independent equals. The widows of Merrill Court took care of themselves and others and were part of an age stratum with which they shared the same wants, abilities, and rewards, and failings.

Residences for the Elderly

Abdo and his colleagues (1973) investigated the comparative effects of living in urban public housing or in a suburban nursing home upon the personal and social adjustment of elderly women. The two types of adjustment were defined as follows:

In an operational sense, social adjustment is the objective aspect or dimension of adjustment in which emphasis is placed upon a person's activities and participation with others. Personal adjustment is the subjective aspect of adjustment, having to do with the person's internal frames of reference or attitudes toward life (Abdo et al, 1973, p.82).

The female elderly in public housing seemed to show higher adjustment than did those older women in the nursing home. The researchers cautioned, however, that the results of the study "should not be construed to mean that nursing-home residents have necessarily poor personal and social adjustment, nor that public-housing residents have exceptionally good adjustment" (Abdo et al, 1973, p.84).

A number of possible causes for the lower levels of adjustment were presented. The personal adjustment scores of the nursing home residents may have been lowered by the curtailment of self-directed activity due mainly to particular regulations, more limits in regard to amount of personal possessions used as room furnishings, and the dependency that is encouraged by institutional living. "A big factor in the differences in personal and social adjustment at each housing structure may have been the location of each residence" (Abdo et al, 1973, p.85). The public-housing complex was near the central city area while the nursing home was isolated on the outskirts of the community.

The researchers made several recommendations concerning residences for the elderly. "Perhaps the placing of the aged who are not in need of any special care, in the same large ultramodern community-based structure, might have many personal and social benefits" (Abdo et al, 1973, p.86). Within this framework, outreach programs to encourage participation of older people in a variety of activities, more opportunity for planning various aspects of their lives, and a mobile team consisting of medical and social work personnel should be provided.

Social Aspects of Living Arrangements

In studying aging, social considerations are especially important in Clark and Anderson's (1967) view. The social alienation that may occur is one of the greatest difficulties older people have to face in our culture. Clark and Anderson (1967) studied older people living in the community and a comparable sample of persons who had been hospitalized for mental illness. Half of the hospital subjects had been living alone. Preliminary explorations indicated a close association between social isolation and mental breakdown.

Eight social status indices -- spouse, parent, grandparent, sibling, friend, employed person, organization member, and religious person -- were examined in the above study. There were no sex differences in the scores on the status index in the hospital sample. Women living in the community appeared to occupy more social status positions than community men. Ninety percent of the females had five or more status indices compared with 80 percent of the males. This finding was surprising as the researchers saw the mentally healthy men as having more opportunity to earn higher scores; more men were expected to be employed and fewer to be widowed than women. Further investigation of the data revealed that mentally-healthy men and women had nearly the same level of social interactions. However, physical disability and poverty were less inhibiting factors for women in regard to social activity.

Change of residence due to deteriorating neighborhood conditions, decreased income, and urban renewal may have adverse effects on the social networks of older women. Brand and Smith (1974) found that females 65 and over who were forced to relocate due to urban renewal had significantly lower life satisfaction than those who remained in familiar surroundings. Interrupted relationships with old friends and the mobility of their children were forces that increased feelings of

isolation and loneliness. "Compared to the nonrelated group, relocated subjects were generally less active and had fewer social contacts" (Brand and Smith, 1974, p.340).

Clark and Anderson (1967) found that the older persons in their study had a great reluctance to shift residence, even a ghetto residence. There was a deep security in being a part of a familiar neighborhood. "The women seem to be especially on the qui-vive for housing bargains, but when they find them, they are generally within the radius of the same little community. Their friends usually live in the neighboring buildings" (Clark and Anderson, 1967, p.343).

Physical, mental or financial decrements may put severe restrictions on the mobility of older persons. They may be dependent on public transportation or be unable to use even this model of travel due to illness or disability. They may lack family and friends or be too proud to ask for favors that cannot be reciprocated. Thus, the immediate neighborhood becomes of great importance - as important as an older person's own living quarters. Clark and Anderson (1967) see a phenomenon of the "geriatric ghetto" as fast becoming a common landmark in American cities. "These little pockets of elderly residents usually spring up on the fringes of downtown commercial districts where - because the redevelopment bulldozers have not yet arrived - rents are cheap and shops handy" (p.342).

Retirement Communities

"If the present proportion of retired persons in the 65 and over age bracket continues, two decades hence there should be about 8 million men and 14 million women living in retirement" (Gersuny, 1970, p.282). A new and growing housing trend is the development of retirement communities. These communities have been criticized as a means of putting older people out of sight and as "hedonistic in spirit and devoted only to pleasure, recreation, and leisure activities" (Streib, 1976, p.172). In a positive light, retirement communities can be seen as a status buffer. "They provide a protective environment which tends to shield the older persons from the acknowledgement of downward mobility or a loss of status" (Streib, 1976, p.172). Streib described the residents of these communities as mainly affluent middle class or upper-middle class persons who had a lifestyle that emphasized leisure, friendship, and recreation.

Gersuny (1970) explored the rhetoric of the retirement home industry. Brochures of retirement homes invariably developed the theme that one never need be lonely again; they promised friendship with congenial people. "We will introduce you personally to new men and women friends for a brim-ful life" (p.285).

Opportunities for peer socialization in a retirement community of 400 residents were studied by Seguin (1973). The median age of the residents was 80 years. Women were a significant proportion of the residents, outnumbering the men six to one. It was estimated that seven in eight residents had taken specific responsibility in the Gardens' Club, a voluntary association of all residents. Residents also had opportunities for involvement in the resident organization that controlled the community.

Informal social networks appeared to be extensive and important for many of the residents. Creation of a resident social structure and the development of linkages with the wider organizational structure of the retirement community are important aspects in providing for the socialization of the residents (Seguin, 1973).

Policy issues in regard to age-segregated vs. age-integrated environments for older persons need to be based on longitudinal research concerning older persons in a variety of living situations rather than the short term studies that have been carried out (Carp, 1976).

The years of "aging" are long and now comprise a significant portion of life span. The person is far different during his final year of life than in the first after he reached the chronological age, retirement, or other status which defined him as "old." The life-space must be made flexible and sensitive to the changing needs of its participants (Carp, 1976, p.264).

SOCIAL PARTICIPATION AND FRIENDSHIP

"The older person's dilemma is this: he needs friends to lessen the demoralizing effects of major role exit, but just when friendship becomes most important, friendship opportunities are fewer than ever before" (Blau, 1973, p.63). Blau (1973), in her book Old Age in a Changing Society, brought together a variety of research conclusions concerning the significance of friendship in the older person's life. The social contact of marriage and employment appeared to sustain morale regardless of the extent of participation in a social network. (Morale encompassed self-concept and mood as defined by Blau.) Opportunities for social contact that are connected with being married and/or having a job were often interrupted with loss of spouse and/or job. Role loss may cause alterations in mood and self-concept such as changes in morale.

Extensive social activity with age peers seemed to create an effective alternative for the marital or occupational role. Among the retired and widowed, a very substantial difference in morale was apparent between people with low and high participation scores. Low morale was typical among retired (69 percent) and widowed (61 percent) people who had low participation scores. But the incidence of low morale was not significantly higher among retirees with extensive social participation than among the employed, and the same was true of the widowed with the high participation scores compared with the still married (Blau, 1973, pp.63-64).

Career involvement may affect the amount of social interaction of older women. There is some evidence that women who had sustained a career commitment may have a more restricted social network after retirement or widowhood because they had as much time as other women to develop their social life (Lowenthal and Robinson, 1976).

Relationships with children are not an effective substitute for social interactions with spouses and co-workers in Blau's view. "Indeed because friendship rests on mutual choice and mutual need and involves a voluntary exchange of sociability between equals, it sustains a person's sense of usefulness and self-esteem more effectively than filial relationships" (Blau, 1973, p.67). In our rapidly changing society, Blau sees a gulf between the generations; this creates a need for older people to associate with their own generation in order to have higher morale. New social structures should be developed that provide regular contact with others who are in a similar position and have similar needs and interests.

Voluntary Associations

Voluntary associations are often seen as a means of continuing the involvement of older people in social networks outside of the family. In reviewing research in this area, Lowenthal and Robinson (1976) found, however, that the majority of persons do not belong to such groups. Most of those who do belong to only one. Church membership is an exception; it tends to be continued well into the 70's. However, membership does not necessarily mean involvement. Women are more likely than men to continue to attend church on a regular basis and to participate in other religious activities. Older people who are still working, married, and entertaining friends occasionally are more likely to be involved in voluntary associations. "To summarize the majority of studies, it appears, as with other leisure patterns, that direct participation in volunteer associations in old age depends to a considerable extent on styles established earlier in life" (Lowenthal and Robinson, 1976, p.445).

Programs drawing on the services of older volunteers as well as senior centers have been established on the assumption that this type of volunteer organization can reduce social isolation among older adults. The talents of the older volunteer are receiving national attention as many agencies or organizations incorporate volunteer positions for older people into their formal structure. In a literature review on volunteering, Payne and Whittington (1976) reported that older volunteers were overwhelmingly female and widowed (60 to 80 percent). In a study by Sainer and Zander (1971), older women seemed to view volunteering as a means of helping others, while men were concerned with finding a substitute for work and being useful. However, the women gave fewer extra hours and dropped out sooner. When women filled volunteer roles that had the values and social status normally associated with work, they reported volunteer satisfaction and positive attitudes toward volunteering that were not experienced at earlier periods in their lives. "No longer is volunteering just the giving of free service but is now the acquisition of a new social status and self-fulfillment" (Payne and Whittington, 1976, p.467).

Another source of social activity and volunteer opportunities are group meals in community settings. These programs were developed nationwide to serve healthful meals, to teach older people more about nutrition, and to offer social, recreational, educational activities (Meals, 1972).

Volunteers help find participants, act as hosts and hostesses, keep conversation rolling, and help serve the food. These group meals help to relieve the loneliness and inactivity in the lives of older women and men.

Senior centers are a growing phenomenon. Taietz (1976) interviewed a total of 920 older men and women in 32 communities in the state of New York. Three-fourths of the membership of the senior centers were females. Sixty three percent of the women were widowed, 31 percent separated or divorced, and nine percent had never married. The income of female members was lower than that of the males; 49 percent had annual incomes of less than \$2,000. Taietz found that older people who were active in organizations and had a strong attachment to the community tended to be members of a senior center. He concluded that the senior centers he surveyed functioned as voluntary organizations rather than social service agencies. Thus, those in greatest need, i.e., the poor and the isolated, would not be served by senior centers as they are now conceived.

Defining various opportunities for social interaction and noting the frequency of interaction with friends, however, tells little about the impact of the social network on particular individuals.

Older persons highly involved with spouses and family also had more enduring relationships with old friends, while others, most of whom were middle class, appeared to have evolved a socially busy life-style where in they know many people, none or few of whom were close (Lowenthal and Robinson, 1976, p.440).

Participation in a friendship group becomes more important after seventy when other group memberships, such as work groups and voluntary organizations, are the exception. "The stability of the network of relationships within a group of friends or co-workers prevents mutual awareness of the gradual alterations taking place among the participants, particularly, if these changes do not interfere with a person's ability to share in the group's activities" (Blau, 1973, p.108). Thus, older people who belonged to a "friendship clique" considered themselves old less often than those who were not a part of such a group.

In their study of transitions at 4 life stages, Lowenthal and her associates (1975) concluded that friendship patterns do not remain the same over the life cycle. (See the life patterns unit for a more complete description of this study.) The middle aged women and men had fewer friends than those persons at the pre-retirement stages. Their time and emotions were focused elsewhere. Older women were quite simplistic in their perceptions of the important qualities of friendship; for example, one middle aged woman mentioned only one dimension, that of similar interests, as important in her friends. In contrast, an older woman about to retire used twelve dimensions to describe her friends. "In fact, the overwhelming majority of people at this later life stage have highly complex or multidimensional friendships (Lowenthal, 1975, p.61).

Intimate Relationships

Little research has been done on social life space of persons that considers the number, intensity, and complexity of social contacts as determined by the age and sex of individuals. Friendships are more extensive and meaningful for older women than for older men (Powers and Bultena, 1976). Older women more often turn to friends, usually other women of nearly the same age, for intimacy and affection while older men usually rely on their wives. Harris (1975) in a national survey asked people 65 and over to whom they felt close enough to talk about things that really bothered them. Thirty-nine percent of the women mentioned their children, 29 percent said friends, and 25 percent talked to their spouses. This is partly caused by the fact that the women are more likely to be widowed; however, even older married women were about twice as likely as men to mention a child or another relative and more likely to name friends (Lowenthal and Haven, 1968).

There are sex, marital, age, and socioeconomic status differences in regard to the intimate relationships of persons 60 years and older (Lowenthal and Haven, 1968). "Women are more likely than men to have an intimate relationship at all age levels (from 60 years on), and the differences between sexes are especially pronounced in those under 65, where nearly three-fourths of the women and only half of the men reported they had a confidant" (Lowenthal and Haven, 1968, p.398). Married women were most likely to have a confidant (81 percent) as compared with single (67 percent) and widowed (65 percent) women. Women with a high socioeconomic status were considerably more likely to have a confidant than those with a low status (77 percent as compared with 56 percent).

The existence of an intimate relationship may serve as a buffer against loss of role or reduction of social interactions. Lowenthal and Haven (1968) found that social interactions and roles could be decreased without effect on morale if the individual had a confidant. The effect of the confidant appeared to hold even in regard to the more dramatic role losses of widowhood and retirement. "An individual who has been widowed within seven years, and who has a confidant, has even higher morale than a person who remains married but lacks a confidant. The retired with a confidant rank the same in regard to morale as those still working who have no confidant . . . " (Lowenthal and Haven, 1968, p.397).

Older women distribute their social contacts more equally among all of these categories: friends, neighbors, children and their families, spouse, siblings, intimate friends, and other relatives (Powers and Bultena, 1976). Women's greater sensitivity to close relationships and greater diversity in all forms of social contact may be connected with their greater adaptability for survival in late life (Lowenthal and Haven, 1968; Powers and Bultena, 1976).

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why are older women often reluctant to move to a new location even when their living conditions are unfavorable?
2. Does the word "home" have a special meaning to an older woman? Why?
3. Why are an increasing number of older women living alone?
4. What possible effects does an older woman's living with or near other older people have on her social contacts?
5. What crucial factors influence the kind and quality of social networks older women develop?
6. What are the main differences in the social contacts of a woman in a nursing home, a woman living in an apartment house for older people, and a woman living in a retirement community?
7. How do friendships of women change over the years? Do you expect your friends of today to remain close 10 years from now? 20 years?
8. Why may intimate relationships have a significant impact on the lives of older women that is different from such relationships at any time of life?

SUGGESTED ACTIVITIES

1. Visit two or more forms of housing for older persons in your area. Note the physical environment, the interactions of residents with each other and with the staff, the types of services offered, the amount of choice in daily activities available to residents, cost, restrictions residents are to conform to, and other pertinent factors. Compare types of housing; note positive aspects and suggest possible changes.
2. Visit a senior center or neighborhood center that has programs for older people. Note these factors: size, versatility, comfort, and aesthetic appeal of the physical space, location, public transportation available, breadth of program development, attitude of staff members, roles that older women play within the organization's structure of the center, and views older women have about the center.
3. Visit a program involving senior volunteers, such as Meals on Wheels or RSVP (Retired Senior Volunteer Program). Interview some of the volunteers to determine the significance of the volunteering in the older person's life in relation to increasing the number of friends and/or the amount of participation in other organizations in the community.

4. Visit a city or county agency concerned with housing for the older person. Investigate factors such as: range of choices available, location, qualifications for residency, services provided, and alternatives not available.
5. Observe architectural barriers in public buildings within a particular area of the community. Describe suggested changes in a letter to be sent to an agency concerned with such alterations.
6. Have a round table discussion with each of 4-6 participants advocating a different type of living situation as the optimal one for older women.

UNIT NINE

WIDOWHOOD AND DEATH

Widowhood is not necessarily an old-age phenomenon. The average age at which widowhood occurs in America is 56 years (Bengtson, Kasschau, and Ragan, 1978). Frequently, widows are faced with financial problems, the challenge of finding a fulfilling job (often after being a housewife for years) and the need to find new supportive personal relationships. Thus, the stereotypic view of widows as grayhaired grandmothers who have already lived most of their lives and who have lovely memories to live on hardly fits the reality of the life situations of many widows today.

Widows aged 65 and over are a group of significant size, constituting 31 percent of all persons aged 65 years and over and 53 percent of all elderly women (DHEW, 1976). There are three principal reasons for the existence of such a large number of elderly widows. One cause is the high mortality rate for males of all ages. Another contributing factor is the disparity in ages between husbands and wives. In 1970, three-fourths of all husbands were older than their wives. The median difference in age was 2.4 years. However, 81 percent of husbands aged sixty-five and older were 4 years older than their wives on the average (DHEW, 1976). A third reason for the large group of elderly widows is the limited opportunity to remarry due to the relatively small number of eligible males over age 65. In addition, these men often marry women from younger age groups, while widows are not expected to marry men younger than themselves.

The problems of widowhood include dealing with the grief related to bereavement and adjusting to the change in role from spouse to widow (Silverman and Cooperband, 1975). This unit will look first at attitudes toward death present in our society in general and attitudes held by older women in particular. The bereavement process will then be examined. The scope of the adjustments that widows face is the focus of the third section.

DEATH AND DYING

Many factors in our culture conspire to remove death from our minds and feelings. The emphasis is on the preservation of youth and the denial of dying. In our lifestyles we have less contact with nature, with the daily struggle for life by the animals in the forest and field, and with the slaughtering of animals (Krupp and Kligfeld, 1962).

The development of antibiotics and new advances in surgery have increased the length of life; thus, many deaths of middle-aged as well as younger people have been prevented or postponed. This factor decreases the chance of any given individual having direct experience with death until relatively late in life (Stub, 1966). Hospital care for the terminally ill and proliferation of nursing homes has encouraged the removal of many seriously sick and disabled older people from family,

friendship, and neighborhood circles; consequently, contact with the dying becomes more remote. "When the dying are segregated among specialists for whom contact with death has become routine and even somewhat impersonal, neither their presence while alive nor as corpses interferes greatly with the mainstream of life" (Blauner, 1968, p.535).

Older people are less fearful of contemplating death than is commonly believed (Smith, 1973). However, few openly admit to a fear of death. Looking forward to death or evading thinking about the experience are common attitudes. Several factors appear to be significantly related to a person's attitude toward death (Swenson, 1961). Religion seems to play a very important role in an aging person's attitude toward death. Older persons who engage in little religious activity tend to have more fearful attitudes toward death, while older people with more fundamental religious convictions are more likely to look forward to death. Individuals living alone more often fear death than those living in homes for the aged or with relatives. For older women one study reported a negative relationship between a sense of purpose in life and fear of death (Durlak, 1973).

Less educated persons tend to have evasive attitudes toward death while persons who have finished college tend to express a more direct attitude toward death, either fearing it or looking forward to it (Swenson, 1961). Widowhood and good health are other characteristics that may be related to an evasive attitude about death.

It is often the fear of dying alone or being forgotten, rather than the fear of death itself, that torments the older person who is dying (Smith, 1973). The dying may experience loneliness and a feeling of abandonment due to others' avoidance of thinking about death and their unwillingness to tell the patient of the gravity of the illness. The majority of evidence points to the fact that most of the dying are aware of their condition and want to talk about their anxieties, fears, and concerns (Brody, 1974).

There is individuality in the way a person copes with and adapts to the possibility of death (Brody, 1974). The dying person often experiences a complex range of emotions and reactions -- among them intense fear, anxiety, anger, depression, defeat, helplessness, and hopelessness. However, some very old people approach the end of their lives with relative equanimity. Additional research evidence suggests that women are more distressed by the impact of their illness and death upon others while men are more disturbed by pain, dependency and loss of occupational role (Kastenbaum, 1975).

The dying process may be, but is not always, a time of crisis. A chaotic state during terminal illness may be caused by mismanaged treatment of the patient (Kastenbaum, 1975). Lieberman (1968) suggests that psychological changes preceding death may cause disruption in a person's mental process in terms of decreased ability to cope with the demands of the environment. This may be particularly due to lowered ability to organize and integrate the stimuli in the individual's environment. Thus, the person may experience upheaval due to disorganizing mental processes rather than because of fear of death. "Individuals approaching death pull away from those around them, not because of a narcissistic preoccupation with themselves, but because they are preoccupied with an attempt to hold

themselves together -- to reduce the experience to chaos" (Lieberman, 1968, p.518).

In the process of controlling death, our society has made it difficult to die with dignity. People no longer die at home in familiar and meaningful surroundings containing family and friends. The hospital atmosphere serves to remove the dying person from life even before death occurs. Modern medical advances have made it possible for body functions to be performed artificially by machines. Yet, in the case of incurable illness, most older people do not want their lives prolonged.

Many older people are asking not just for days of existence but for the ability to live and die in such a way that their fundamental qualities of humanity and of communion with other persons be maintained and that they be allowed to die as they have lived -- with a sense of oneness with the world (Smith, 1973, p.144).

BEREAVEMENT

"The funeral 'parlor', the banks of flowers heaped around the coffin, the make-up used on the deceased, the music, and even the words spoken by many ministers tend to deny death and the possibility that it is happening to ourselves and our loved ones. Friends look at the corpse and describe it as 'so lifelike'" (Krupp and Kligfeld, 1962, p.227). The mourning period has few rituals in our culture outside of the funeral. Participation in funerals is usually limited to family members and friends rather than open to the larger community as in more primitive societies (Blauner, 1968). Adaptation to bereavement has become a private responsibility. Thus, the widow must adjust to changes in her role and status largely through her own efforts. This individualization and deritualization of bereavement makes serious problems in adjustment more likely.

The bereavement period can be reviewed as a series of stages covering the time period from the initial shock through the rebuilding of a new life (Silverman, 1972). The initial stage is one in which the widow is numb. She often appears calm and able to cope with the various responsibilities connected with the funeral and other matters. She is still acting as if she were her husband's wife and does not think of herself as a widow. This period may last as long as one month but a much shorter time is usual.

As the numbness fades, the widow begins to feel the pain created by the awareness that the husband is gone permanently. She frequently "sees" and talks with her dead husband. She may have a variety of feelings: anger, bitterness, guilt, abandonment, and self-hatred. A feeling of falling apart or going crazy is common. Friends often stay away because they don't know what to do and because the widow who is feeling unloved and unlovable does not treat them well. Yet those friends who listen fill a major need for the widow during this period, which lasts one year on the average.

The widow does not recover from her grief; rather she must make an accommodation or adjustment. "A woman's sense of self is changed and the very nature of her outer world is different" (Silverman, 1972). As the widow begins to have longer periods of feeling better, she may set new goals and develop renewed interest in men and sex.

Lopata (1975) found evidence of a differing form of bereavement period in the lives of the Chicago widows she studied. For them, the process of bereavement often did not evolve in orderly stages from shock to final acceptance and rebuilding of a new life. The bereavement involved many unpleasant events of different types, coming from several directions, thus provoking feelings of frustration, helplessness, and a sense of being pulled apart.

Difficult events causing strain and conflict, such as the husband's first operation, first heart attack, or a change in behavior, may precede the actual death of the husband. Loss of income may require dependence on relatives or welfare and may necessitate moving from the family home. Other family problems do not cease because of the illness or death of the husband. "Coping with serious problems is usually a couple sharing process in our nuclearized family system, so that the wife of a critically ill man or his new widow often feels incompetent to deal with them alone, and no one else can really help her" (Lopata, 1975, p.46).

Another dimension of the early bereavement period noted by Lopata (1975) is extreme satisfaction with the dead husband and with the marriage. The husband becomes an unusually fine man who treated his wife with respect, was a good companion, and had no irritating habits. In metropolitan areas, the funeral procedures appeared to encourage this satisfaction.

It should be noted that Lopata's research conclusions, presented in this section and those that follow, appear to be drawn from data collected 15 to 20 years ago. Widows who lived in the metropolitan area of Chicago were the subjects surveyed. There is a definite need for more recent research using widows from various areas of the United States as subjects.

ADJUSTMENT TO WIDOWHOOD

Having time to prepare for the loss of a spouse may not make the adjustment to widowhood easier. "Any verbal discussion of what widowhood involves rarely occurs even when the spouse is seriously ill and death is anticipated" (Silverman, 1972, p.95). Older widows who experienced an extended period of grief in anticipation of a spouse's death adjusted no better to the loss than those widows who experienced the sudden loss of a spouse (Gerber, 1975). However, those women who were involved in a period of anticipatory grief lasting longer than six months were more likely to have serious illnesses than those women who experienced a shorter anticipatory grief period. The neglect of a wife's own health while providing

care for the spouse may contribute to illness, while an existing chronic illness could worsen as a result of the emotional pressure of watching a spouse die. Consequently, the widow of a man who dies after a long-term illness could have more legitimate medical needs than survivors whose husbands had short-term fatal illnesses.

In addition to medical attention, the widow needs other forms of support. Financial needs, lack of daily social interaction, and interrupted plans for the future may add to the stress of the bereavement period (Gerber, 1975). The short range needs of the widow fall into five areas: expression of grief, companionship, solution of immediate problems, building of competence and self-confidence, and help in regaining connections with friends and activities (Lopata, 1975).

Widows who have recently suffered bereavement must be allowed to express grief over the loss of their husbands. They need to be encouraged to cry, talk about their late husband, and tell how badly they feel. This "grief work" described by Lindemann (1944) appears to be the most important need of recent widows.

Support of an emotional, physical, or financial nature from children living in close proximity decreases the chance of depression as a result of widowhood (Clayton, 1972). Various mutual help programs involving widows are now in action in various parts of the United States. These may involve actual contact by widowed volunteers with the newly widowed or may be a telephone service to aid widows in solving problems concerning finances, jobs, loneliness, living arrangements, and so forth (Abrahams, 1972; Silverman, 1972).

It is obvious from the foregoing discussion that all widows do not suffer from the same problems. Morgan (1976) suggests a framework of looking at the problems of widowhood rather than viewing widowhood as a problem. In her view, the sources of difficulty, such as health and finances, could be pinpointed, and intervention strategies could be directed toward changing these situational difficulties.

Death of a spouse always disrupts the life-style of the survivor even if it has been expected for a long time. The extent of disruption can be viewed in terms of: (1) the amount of dependence in terms of social, financial, and emotional support provided by the deceased; (2) ways in which the married couple were involved with family, friends, and the community; (3) resources and lifestyle of the survivor; and (4) actions taken by the surviving spouse (Lopata, 1975).

Income adequacy is an essential factor to be considered in the adjustment to widowhood (Atchley, 1975). The husband's death often removes the wife's main source of income. Inadequate income can impact the widow's life in a number of ways. It can create social isolation because of the inability to own a car and to pay membership and other fees of social organizations. Inadequate income and social isolation may combine to produce anxiety.

The situation of many elderly widows is particularly grim. As of March 1975, there were 6.5 million widows 65 years and over who were

non-institutionalized; of these, 62 percent were living alone (DHEW, 1976). Elderly widows generally have a low financial status and a higher rate of isolation than other segments of the over 65 population. "The median 1974 income of husband-wife families with an elderly head was \$7,200, over 2½ times as large as the \$2,700 reported for elderly women who do not have husbands and must rely primarily on their own income" (DHEW, 1976, p.3). As of 1970, most elderly females living alone did not have regular use of an automobile; thus, they were dependent upon public transportation for social contacts outside of their neighborhoods and for reaching a variety of services they often needed.

Social Interactions

Arling (1975) surveyed 409 widows, aged 65 and older who lived in the Piedmont area of South Carolina, to determine what factors were associated with a widow's ability to resist isolation in old age.

Ill health and poverty, coupled with widowhood and the normal social losses of old age, confront the elderly widow with the prospect of becoming socially isolated. Her ability to resist this trend may be heightened by education, residence in a small town or rural area, or most importantly the presence of friends and neighbors with whom she can relate (Arling, 1975, p.84).

Interestingly, in this analysis, family ties were not associated with daily activities, while friendship and neighboring were strongly related. "Even with economic deprivation, physical incapacity, and education held constant, those elderly widows who knew more of their neighbors and had greater contact with friends and neighbors also participated in more activities" (Arling, 1975, p.84). Arling concludes that friends and neighbors are a better resource than family ties for avoiding isolation in old age.

Changes in social relationships are also dependent upon the type of social relationship a widow has (Heyman and Gianturo, 1973). Relationships that do not involve the presence of a spouse, such as garden and bridge clubs, may continue with little or no change or interruption. Social networks involving relatives, neighbors, and friends from church groups remain intact.

Being widowed at an older age means that a settled social role with few job and family responsibilities has already been established. Also, there will be a larger number of widows within one's peer group. Therefore, the widow aged 70 and over is less likely than a younger widow to feel in a deviant position and less likely to decrease her social interactions (Blau, 1966). Widows living in small towns retained nearly the same level of contact with family and friends and participation in activities (Pihlblad and Adams, 1972), while widows in Chicago became more isolated upon the death of their husbands (Lopata, 1970). In sum, factors related to little or no change in social interactions of widows are: relationships not involving a spouse, being widowed at an older age,

a peer group of significant size, an established social role with few responsibilities, residence in a small town, and the presence of friends and neighbors.

There are sex differences that affect the social interactions of the widowed (Berardo, 1970). Particular dimensions of the traditional role of older women encourage continued social interactions: (1) the responsibility of maintaining kinship interactions; (2) the role of grandmother, which has a more meaningful range of activities than that of grandfather; and (3) preference for recreational activities that can be easily engaged in at older ages. In addition, the widow is more likely than the widower to be invited to live with one of her children.

The major factor in the amount of disruption in social interactions that a widow experiences is, in Lopata's (1970) view, the degree to which her social roles were dependent upon her husband. This dependence was influenced by the characteristics of the couple's background and life. The more multi-dimensional the involvement of her husband in a woman's life, the more disorganized became her other social relations upon her husband's death. His death may remove a sexual partner, a partner in couple-oriented leisure activities, a contributor to the management of the home, a link to the outside world through community and business contacts that he maintained, and any other interactions in which her involvement was dependent upon his.

The segment of the social structure and culture that widows are part of also influences their social relations. In researching forms of loneliness in her Chicago widows, Lopata (1969) concluded that the ability to plan a systematic program of activity and social contact "is very much a middle- and upper-class phenomenon, typical of women who have had a relatively extensive educational background and prior involvement in secondary groups" (p.258). The ability to form new relations was also found mainly in the middle and upper classes.

Using the Chicago widows, Lopata (1973) studied the self-identity changes of married women who became widowed. As part of the study, she measured social isolation. The isolation of the women who scored high on the social isolation scale was not caused by the death of the spouse but had been part of their lifestyles even before the husband's death. Ninety-seven percent of the highly isolated women reported their social life to be the same as before the death of their husbands. These isolated widows had a minimum of education (less than 8 years). Educational achievement was correlated with ability to become socially active irrespective of the presence of a husband.

Blau's study (1961) also found that social class differences were evident in the social participation of widows. She suggested two reasons for these differences:

1. The middle class widow has a reservoir of social opportunities created by a pattern of shared social activities with other women that supplemented her activities with her husband.

2. Widowhood for working class women more often imposes severe economic deprivations which greatly limit their social activities.

Having a lifestyle involving few social activities, limited income, working class membership, minimal education, living in a metropolitan area, and little contact with friends and neighbors all are factors that may limit the social interactions of widows. Which, if any, of these factors are more significant than others has not been determined by extensive research.

Role Adjustments

Widowhood is a transitional state in that modern urban society does not contain the social role of widow. Thus, the widow has to search for a new definition of herself as a single person and see a social role for herself other than that of a wife. It is difficult to move out of the widowhood phase because American society socializes women to be wives and mothers and does not encourage having alternate identities available at various stages in life (Lopata, 1975).

Widowhood causes a major transformation in the social role of the older woman who is a housewife (Lopata, 1966). The removal of the role of wife is likely to be permanent, and mothering for the older widow is of little or no significance at this stage of life. The roles of worker and association member are not central parts of the housewife's life but may be significant for widows with careers or secure jobs.

American widows do not have ascribed replacements for their husbands as is true of cultures where, for example, the husband's brother is required to marry the widow. There is no social group which automatically takes over the roles carried out by the husband in the past (Lopata, 1976). Widows cannot automatically continue to function in the role of wife. A large number of the Chicago widows did not think remarriage would be a successful alternative (Lopata, 1970). In addition, opportunities for remarriage for older women are small.

Social interactions in the role of mother are limited. Almost one-fourth of Lopata's Chicago area respondents had no living children. "Barriers such as health deficiencies, economic limitations, and long distances diminish the widow's contact with children" (Lopata, 1970, p.51). Most widows did not live with married children. The widows who supported themselves in their own homes reported greater peace, quiet, and independence.

Roles within kin groups were limited. Many of the women studied had no siblings. Over half of the women were not born in the Chicago area, so their brothers and sisters were scattered over the United States. The role of grandmother is dependent upon the availability of direct contact with grandchildren without interference from parents, in Lopata's view (1970).

Most of the older widows were not deeply involved in the roles of neighbor, worker, or member of voluntary associations. "The half who did have frequent interactions with people living nearby were restricted to seasonal, sporadic, and casual contact outside of the home" (Lopata, 1970, p.55).

Although theoretically many social roles are open to the American widow, Lopata (1970) found that a number of restrictions are present: race, health, finances, motivation, and ability. Most older widows in the Chicago area lacked the ability to develop and become engaged in new social roles.

As members of a generation habituated to more passive stances, they live a restricted social life Many were only minimally involved in social relations even when their husbands were alive, and most suffered a drop of engagement in several social roles after his death (Lopata, 1970, p.45).

Lopata concludes that relative and sometimes severe social isolation does not result from personal choice but from the restrictions experienced by the widows in their lives.

The lifestyles that widows ultimately develop take a variety of forms (Lopata, 1975). Isolated widows do not know how to become re-engaged socially; for example, they do not have the skills to train for or enter a job, join a club or church, or make friends with a stranger. The grieving wife does not complete the bereavement process and frequently becomes isolated as friends and associates withdraw. The traditional widow limits her support system to relatives and devotes herself to her children and grandchildren thus remaining in the family role. The merry widows are involved in social and cultural activities with both men and women friends. While employed widows may have interesting well-paying jobs, more frequently they are forced to take jobs with low pay. Despite minimal extrinsic rewards, these jobs do provide the widows with intrinsic satisfaction, such as interacting with others and being "out in the world". Some widows join the activities of a society of widows because they enjoy being with women in a similar life situation. The liberated women lead multidimensional lives as persons with well-rounded identities.

Although few widows at present led multidimensional lives, a wave of change may be coming.

What may be happening, is that women freed from the controls of the family institutions through widowhood may be purposely disrupting the vestiges of their prior role clusters after the "grief work" is done and entering roles and lifestyles that they never would have considered in girlhood and wifehood, becoming independent functioning units rather than being dependent upon passive acceptance of membership in units dominated by others (Lopata, 1975, p.233).

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Why is memory a poor substitute for a husband for a widow?
2. What is the prevailing view of death in our society? How large a part does fear play?
3. Funerals serve a significant social function? What is it, particularly for the widow?
4. How does society view the widow? Is there much support for widowhood?
5. Would anticipation of a spouse's death be helpful or not helpful in the adjustment of widowhood?
6. What is the real contribution of a mutual aid program, such as Widow-to-Widow, to a widow?
7. Imagine your husband has recently died. In what areas would you feel a change in your life most acutely?
8. What happens to the income of women newly widowed? What is the impact on lifestyle?
9. Imagine you no longer have access to a car. How would your life be changed?
10. How does age at widowhood affect the life of a widow?
11. How does social class affect a widow's adjustment?

SUGGESTED ACTIVITIES

1. Investigate support services for widows in your area. Interview a staff person to gain a more complete picture of the needs of widows as seen by the particular service agency.
2. Interview an older woman relative or friend who is widowed. Ask her to share perceptions concerning dealing with grief, areas of greatest change in her life, support available, problems faced, and other areas of concern.
3. In groups of 4 or 5, discuss thoughts, feelings, and experiences with death. Compare these with stages of grief as described in the above section on bereavement.
4. Develop a plan for a program for new widows that focuses on one area of need, such as companionship or the building of competency and confidence.

5. Read several books that provide information for new widows. Report to the class concerning ways women can prepare for widowhood.
6. Investigate the information needed and procedures followed in planning a funeral in your area. What choices are available?

UNIT TEN

OLDER WOMEN AND THE LEGAL SYSTEM

Laws specific to the protection of older women do not currently exist. Rather, laws have been enacted to protect women, regardless of age, and laws have been enacted to protect the aged, regardless of sex. Protections for older women, then, are encompassed by these two major areas of legislation.

Certain aspects of the law also work to the detriment of older women, as in inheritance and property laws. It is important that women understand precisely what their rights are, and which statutes guarantee those rights.

INHERITANCE AND PROPERTY LAWS

Inheritance and property laws fall within the purview of state, rather than Federal, authority. Despite disparities among states, some commonalities exist. 'Widows' inheritance and property rights depend primarily on whether legal residence is established in a community property state or a common-law state.

Community Property States

There are currently eight community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, and Washington. A common misconception revolves around the notion that all property is jointly owned by a married couple, and that a spouse automatically acquires half the property upon divorce or all the property upon widowhood. This is not the case.

Community property states classify property in two ways. Community property is any property or possession acquired by the couple during their marriage. Separate property refers to property or possessions owned by either partner before marriage. It can also refer to property received during marriage by gift or inheritance to one spouse. Such property must remain separate if it is to be considered the property of one individual. If a woman puts her inheritance money or trust funds into a joint account in both her and her husband's name, the separate property is said to be commingled and it becomes community property. The law treats any property for which ownership is cloudy and not easily ascertained as community property.

When divorce occurs, each spouse retains his or her own separate property and the community property is shared equally. When either spouse dies, the survivor automatically owns one-half of the property. The deceased cannot will away more than his or her own half. Taxes cannot be levied on more than one-half of the estate, should a widow inherit her husband's estate, since she legally owns the other half (Alexander, 1975).

Common-Law States

Forty-two states and the District of Columbia are common-law states. Unlike the community property states, a wife does not automatically own half of all property acquired during the marriage. In these states, any earnings and property accumulated by either spouse are his or her separate property. The inequity of this law arises out of the woman's role as wife, mother, and homemaker. Filling those roles may, in fact, allow the husband to earn the income to acquire property, but if a woman cannot prove that she has contributed half of the dollars necessary to purchase property, she is not considered a co-owner. Even in cases where a house is held in joint names, there is no guarantee that she will not have to pay an inheritance tax on it. She has "inherited" it from her husband because he paid for it.

It is wise practice for spouses to execute wills since, in a common law state, there is no guarantee that the surviving spouse will automatically inherit an estate. The laws concerning intestacy (dying without a will) vary from state to state. As an example of what events can occur as the result of intestacy, Maryland state law has the following provisions:

- * if the widow has children, she receives one-third of the estate and the children share the remaining two-thirds;
- * if there are no children, but the parents of the deceased are alive, the widow receives one-half of the estate, and the parents of the deceased receive the other half;
- * if there are no children and no surviving parents, but the deceased has siblings, nieces or nephews, the widow receives the first \$4000 of the estate; anything above and beyond the initial \$4000 is divided in such a way that the widow receives one-half and the siblings, nieces, and nephews share the other half;
- * if there are no surviving relatives at all, the widow receives the entire estate;
- * if there are no surviving relatives at all, and no widow, the Board of Education in the county of legal residence inherits the estate (Alexander, 1975).

As is evident, it is extremely foolhardy to die intestate. An individual may have strong beliefs as to how an estate should be divided, but without a will, there are no safeguards that those wishes will be executed. The laws are not specifically written to protect the widow or widower.

Some states require a lawyer's guidance for a will to be valid; others recognize wills drafted at home. Some states require the signatures of two witnesses for a will to be valid; others require the signatures of three witnesses. Therefore, it is imperative that one be

familiar with the laws in the state of legal residence to ensure that the will is properly executed. Most women (and of course many men) are completely ignorant of these legal problems. Many evade facing their own potential death.

Estate Taxes

Estate taxes are generally paid to the Federal government and to the State in which legal residence has been established. The variability in state laws precludes any detailed discussion; it is essential to know what is the law in the state where one resides.

Federal taxes are based on the size of the net estate. The value of the gross estate is determined, and, the widow (or whoever inherits the estate) is allowed to deduct certain items which are not included in the taxable estate. These deductions include burial expenses, claims against the estate by creditors, and the cost of administering the estate. Additionally, some states permit a widow to draw a living allowance while the estate is probated. The value of the estate after these deductions is the net estate, and it is upon this value that the Federal taxes are determined. (Some jurisdictions refer to the net estate as the adjusted gross estate.)

Until 1976, a widow was exempt from paying Federal taxes if the gross estate was valued at less than \$60,000. This posed a financial hardship on many widows since, with the inflationary spiral of the last decade, the most modest home and possessions often were valued in excess of \$60,000. Often, widows were forced to sell their homes in order to pay the taxes on those homes.

Those inequities were eliminated to a large degree by the Tax Reform Act of 1976. This Act is being phased in over a five year period. The Act does two things: first it allows either a \$250,000 marital deduction or a marital deduction of half the value of the adjusted gross estate, whichever is greater; second, it allows a tax credit against estate tax liabilities. This tax credit was \$30,000 in 1977 and will escalate to \$47,000 in 1981 (Lemov, 1977). Two examples of how the marital deduction and tax credit are applied follow:

	Example I	Example II
Home	\$100,000	\$150,000
Personal property (includes jewelry, art, furnishings, bank accounts, etc.) . .	50,000	75,000
Stocks and bonds	20,000	50,000
Life insurance	75,000	100,000
Pension benefits	25,000	50,000
Value of adjusted gross estate	\$270,000	\$425,000
Marital deduction of \$250,000 or $\frac{1}{2}$ of adjusted gross estate	-250,000	-250,000
Amount taxable	20,000	175,000
Tax credit (based on 1981 figures)	- 47,000	- 47,000
	0	\$128,000

No Federal taxes need to be paid in example 1, because the value of the estate after the marital deduction does not exceed the amount of tax credit. In example 2, the value of the estate exceeds the amount of tax credit, so the difference is taxable. Depending upon the size of the estate, tax rates start at approximately 30% and increase rather substantially.

CREDIT

Certain practices by creditors which discriminated against women were very common for many years. Single women were often required to have a male co-signer on a loan, despite steady employment and sufficient income to repay a loan. Married women were often denied credit unless employment and financial information on their husbands was made available, and credit was issued or denied on the basis of the husbands' credit ratings. Divorced and widowed women often had a difficult time establishing credit because credit ratings were in husbands' names.

All of these practices have been outlawed by the ECOA, which states that "it shall be unlawful for any creditor to discriminate against any applicant with respect to any aspect of a credit transaction on the basis of . . . sex or marital status."

The availability of credit for women has increased dramatically since the passage of the Federal Equal Credit Opportunity Act (ECOA) which became effective on October 28, 1975. This Act guarantees women will be eligible for credit on the same terms as men in similar financial situations.

The Act further states that it is discriminatory to:

1. inquire about an applicant's marital status
2. require a co-signer if the applicant is financially eligible
3. refuse a married woman a separate account if she is financially eligible
4. demand information about a spouse's financial status if an applicant is financially eligible
5. refuse credit to a married person because a spouse has a poor credit rating (unless application is for a joint account)
6. refuse to consider a spouse's income if application is for a joint account
7. inquire about an applicant's childbearing plans
8. refuse to recognize a married persons's legal name
9. refuse credit because of a change in marital status

10. terminate or in any way change the terms of a credit agreement because of a change in marital status (such as divorce or widowhood)
11. refuse to consider alimony and child support as income
12. refuse to consider income from regular part-time employment or retirement benefits

The ECOA provides other consumer safeguards. An individual may review his or her own credit file, and request that inaccurate information be deleted or corrected. Old information must be removed after a specified length of time.

Most charge card holders have undoubtedly received in their monthly statement a postcard-sized notice describing what to do if an error appears on the statement. The credit agency is obligated to respond within a fixed number of days (30-100), and interest cannot accrue while a charge is being disputed. These two protections are the result of the Fair Credit Reporting Act, which became effective in April, 1971.

Finally, beginning June 1, 1977, new joint accounts must be maintained in the names of both individuals. It also provides the right to change any existing joint accounts to include both names. This is extremely important for married women since, in the event of divorce or widowhood, they will have an established credit history.

Various portions of the Consumer Credit Protection Act, of which the ECOA is a part, are enforced by different agencies. To register a complaint about:

National Banks

Comptroller of the Currency
Consumer Affairs Division
Washington, D.C. 20219

Commercial Banks

Federal Reserve Board
Division of Consumer Affairs
Washington, D.C. 20551

Savings and Loan Associations

Federal Home Loan Bank
320 First Street, N.W.
Washington, D.C. 20001

Federal Credit Unions

National Credit Union Administration
2025 M Street, N.W.
Washington, D.C. 20456

Other creditors (such as department stores, consumer finance companies, non- Federal credit unions, and non- bank credit card issuers)

Federal Trade Commission
Equal Credit Opportunity
Washington, D.C. 20580

FEDERAL LEGISLATION

As older women enter or return to the labor force in increasing numbers (See Unit 11), the following Labor laws will have direct impact on their work and their salaries.

Fair Labor Standards Act of 1938, as amended.

The Fair Labor Standards Act (FLSA) of 1938, generally known as the Federal wage and hour law, established minimum wages for men and women alike. Historically, this was the first major legislation to attack discrimination.

The FLSA established a 25 cent-an-hour minimum wage for individuals engaged in interstate commerce or the production of goods for commerce. The producer of any item made to cross state lines was subject to this law. As enacted, the FLSA further provided for an increase to a 40-cent-an-hour minimum after 7 years.

While the FLSA made no attempt to regulate the number of hours an employee could work in a given week, it did mandate a pay rate of $1\frac{1}{2}$ times an employee's regular rate for any hours over 40 in a week. Thus it encouraged a shortening of the work week.

The law has been amended several times in order to reflect increases in the minimum wage rate and to extend coverage to additional groups of employees not originally covered.

Workers in all occupations are not necessarily covered by the minimum wage and overtime provisions. Some are protected by minimum wage requirements without overtime protection.

Employers exempt from both the minimum wage and overtime provisions of the FLSA include:

1. individuals employed in a professional, executive, or administrative capacity
2. individuals employed in academic administration or teaching in elementary and secondary schools
3. individuals employed as outside sales persons
4. babysitters

5. companions to the aged or infirm
6. farm workers whose employers did not use more than 500 max-days of farm labor in any calendar quarter of the preceding year.
7. individuals employed at seasonal amusement or recreational establishments
8. elected state and local officials, their policy-making advisers, and their personal staff.

Individuals exempt from the overtime provisions of the FLSA, but not the minimum wage provisions, include:

1. live-in private household workers
2. agricultural workers
3. certain transportation workers who are regulated by other Federal laws.

The FLSA is administered and enforced by the Wage and Hour and Public Contracts Division, Department of Labor. Willful violations are subject to criminal prosecution resulting in recovery of unpaid minimum and overtime wages, fines up to \$10,000., and possible imprisonment for second offenders.

Complaints are handled in a confidential manner. It is unlawful for an employer to discharge or otherwise discriminate against an employee for filing a complaint or participating in a legal proceeding.

Equal Pay Act of 1963

The Equal Pay Act (EPA) of 1963 (it became effective June 1964), was the first Federal law against sex discrimination in employment. As an amendment to the Fair Labor Standards Act, it applied to all employees covered by the minimum wage provisions of the FLSA. In July 1972, the EPA covered executive, administrative and professional employees, as well as outside sales personnel, despite the exemption of these categories of workers from the minimum wage and overtime pay provisions of the FLSA.

The EPA says that men and women who perform work which is substantially the same must receive the same rate of pay. Further, the Act prohibits employers from reducing the wage rate of an employee in order to equalize pay between the sexes.

Interestingly, the EPA arose out of a concern for men rather than women. During World War II, millions of women moved into jobs formerly held by men. Because women were expected to work for lesser wages than men, there evolved a growing concern that they would depress wage rates and that men would be forced to work for these same lesser rates after the War.

The first major equal pay bill was debated in 1945; the major concern

of the Congress and of the supporting unions was the "prevention of women's wages from undercutting the wages of men" (Freeman, 1971, p.227).

The EPA, like the FLSA, is administered and enforced by the Wage and Hour and Public Contracts Division, Department of Labor.

Title VII of the Civil Rights Act of 1964

A major breakthrough in equal employment opportunity for women was attained with the enactment of the Civil Rights Act (CRA) of 1964. Title VII of the CRA, which became effective in July, 1965, prohibits discrimination in private (non-government) employment based on sex, as well as on race, color, religion, and national origin.

The CRA now covers private employers of 15 or more persons, public and private employment agencies, labor unions with 15 or more members, public and private educational institutions, and state and local governments. Federal employees are not covered by the CRA.

Prohibited employment practices are those "based on notions that women are less capable than men, that they are too emotional, that some jobs are not suitable for them, that nobody wants to have a woman for a boss, and that customers and clients do not want to have to deal with women" (Murray and Erickson, 1975, p.31). Prohibited employment practices include the following:

1. employers may not discriminate in hiring or firing, wages and salaries, promotions, or any other terms, conditions, or privileges of employment;
2. labor unions may not discriminate in membership, classification, or referrals for employment, nor can they attempt to influence an employer to discriminate;
3. employers and labor unions may not discriminate in training, retraining, or apprenticeship opportunities, nor may they publish ads indicating discriminatory preferences or limitations; and
4. employment agencies may not discriminate in classifying or referring individuals for employment.

Title VII is administered and enforced by the Equal Employment Opportunity Commission (EEOC). An individual's right to file a charge of discrimination is protected by the law. Title VII prohibits an employer from taking any kind of punitive action against an individual who has filed a charge of discrimination.

State laws that prohibit or limit employment of women have been declared discriminatory by the EEOC guidelines on sex discrimination, because such laws do not account for individual abilities. This has been upheld by a number of court cases.

Older Americans Act of 1965, as amended.

The Older Americans Act (OAA) was enacted into law in 1965 as an outgrowth of the 1961 White House Conference on Aging. The Act has been periodically reexamined by Congress to ascertain whether or not it was producing the benefits that were originally intended. The Act has been amended six times, most recently in November, 1975.

The objectives of the Act are designed to assist older people to attain the following:

1. an adequate income
2. the best possible physical and mental health
3. suitable housing
4. full restorative services for those who require institutional care
5. employment without age discrimination
6. retirement in health, honor, and dignity
7. participation in civil, cultural, and recreational activity
8. community services
9. immediate benefit from research
10. freedom and independence

Among the major provisions of the Act is a training and research component. The training program is intended to improve the kinds of services that are needed by the elderly, while research to benefit the elderly may qualify for Federal assistance. The Act also encourages the development of multipurpose senior centers, in order to provide "a broad spectrum of services including health, social, nutritional, and educational services for the benefit of older persons" (Sec. 501 (C) of the Act).

The Act also provides for nutrition programs by allotting funds to cover up to 90% of such State projects. States must match the Federal grants with a 10% contribution. Those receiving grants for nutrition projects must agree to provide at least one hot meal a day for five or more days per week to individuals 60 and over, and their spouses. Nutrition projects must also include recreational activities, informational, health, and welfare counseling where such services are not otherwise available.

The Act provides funding for an employment and job training program to promote part-time work opportunities for unemployed low income persons who are 55 years or older and who have poor employment prospects, a status common to older women upon desertion, divorce, or death of a spouse. Workers must be paid not less than the higher of the Federal, State or Local Minimum Wage, or the prevailing rate of pay for persons employed in similar public occupations by the same employer.

Executive Order 11246 (1967)

Executive Order 11246 (amended by Executive Order 11375, effective October, 1968) prohibits job discrimination based on sex, race, color, creed, or country of origin by the Federal government and Federal contractors. This Executive Order protects Federal employees in much the same way that Title VII of the Civil Rights Act protects employees in private industry. (Federal employees are not protected by Title VII of the CRA).

The order applies to Federal contractors or subcontractors who perform work under federally-assisted construction contracts in excess of \$10,000. Additionally, service and supply contractors who have 50 or more employees and a contract in excess of \$50,000 are required to develop written affirmative action programs.

Such affirmative action ensures "that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment advertising; layoff or termination; rates of pay or other compensation; and selection for training, including apprenticeship" (U.S. Dept. of Labor, 1975, p.294).

The order is administered and enforced by the Office of Federal Contract Compliance (OFCC). The OFCC has developed sex discrimination guidelines similar to those developed by the EEOC. Failure of a contractor to comply with these guidelines may lead to cancellation of the contract, and the contractor may be declared ineligible for further government contracts.

Age Discrimination in Employment Act of 1967

The Age Discrimination in Employment Act of 1967, which became effective June 1968, prohibits discrimination in employment against persons 40 to 65 years old by employers, employment agencies, and labor unions. It is of particular importance to women who reenter the work force after an extended period of full-time family responsibility.

Compliance is required by employers of 20 or more persons and labor organizations which have 25 or more members or which refer persons for employment to covered employers, or which represent employees of employers covered by the act. State and local governments are also covered. Elected officials, their appointees and certain advisers are outside the scope of the act, as are Federal employees.

It is an unlawful employment practice:

- for an employer to fail or refuse to hire, or to discharge, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment, or to limit, segregate, or classify in any way which

would deprive or tend to deprive an individual of job opportunities, or otherwise adversely affect the person's status as an employee, because of age;

- for an employment agency to fail or refuse to refer for employment, or in any other way discriminate, or to classify or refer anyone for employment, on the basis of age; and
- for a labor organization to exclude or expel from membership, or otherwise discriminate against, or to limit, segregate, or classify its membership, or to classify or fail or refuse to refer for employment any individual in any way which would deprive or tend to deprive the individual of job opportunity, limit job opportunities, or adversely affect status as an employee or a job applicant, because of age; or to cause or attempt to cause an employer to discriminate.

Any person may bring suit under the Act, but suits to enforce the act must be brought within 2 years after the violation, or in the case of a willful violation, within 3 years. The Wage and Hour Division administers and enforces the Act.

PROPOSED LEGISLATION

Equal Rights Amendment

The House of Representatives in October 1971, and the Senate in March 1972, approved and submitted to the States for ratification a proposed Equal Rights Amendment (ERA) to the U.S. Constitution. To become part of the Constitution, it must be ratified by three-fourths of the States within 7 years of its submission-- by March 22, 1979.

The ERA reads as follows:

Equality of rights under the law shall not be denied or abridged by the United States or by any State on Account of sex. The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article. This amendment shall take effect two years after the date of ratification.

If ratified, the ERA would require each State as well as the Federal Government to examine all laws, regulations, and government practices in order to remove unequal treatment of men and women. Changes will result in equal access to education and the elimination of all differences in jury service laws, unemployment insurance laws, and the Social Security system.

Other examples of laws that will be changed by ratification of the ERA include those which set different ages for marriage, different conditions for divorce, different alimony standards, different penalties for a crime, and those which place special restrictions on women with respect to property or legal domicile.

The Era will not affect social customs and personal relationships between men and women. It will not abrogate the constitutional right to privacy.

Thirteen states have approved equal rights amendments to their state constitutions. These states are:

Alaska	New Hampshire
Colorado	New Mexico
Connecticut	Pennsylvania
Hawaii	Texas
Illinois	Virginia
Maryland	Washington
Montana	

Displaced Homemakers' Bill

Displaced homemakers are women in their middle years who have been homemakers for most of their adult lives. Because of divorce or husband's death, these women suddenly find themselves without any means of support. There are an increasing number of displaced homemakers in the United States. Estimates run between 2 million and 3 million per year.

Displaced Homemakers' legislation is designed to aid these women. Their needs are great and their resources are limited. Older women with little or no work experience outside the home and no marketable skills experience great difficulty in finding paid employment. They do not qualify for unemployment insurance.

If widowed prior to age 60, older women are not entitled to widows' benefits under Social Security. If these women do not have children under 18, they are not entitled to benefits under federally supported Aid to Families with Dependent Children. Often, a husband's pension plan has no provisions for his widow. (For an intensive examination of social security and pensions, see Unit 12.)

Divorced women do not fare any better than widows. Those women divorced after less than 20* years of marriage do not qualify for Social Security benefits through their ex-husbands' earnings. Additionally, they lose their rights as beneficiaries under their husbands' pension and health plans. These women are truly displaced and in need of emotional as well as financial support that is generally unavailable.

*1977 Amendments to Social Security have changed this to 10 years, effective January 1, 1979. See Unit 12.

The purpose of the proposed Displaced Homemakers' Bill is to provide for the necessary training, jobs, services, and health care for displaced homemakers so that they may enjoy independence and economic security. So far Congress has not passed this legislation.

Despite the unwillingness of Congress to enact such legislation on a national level, efforts to provide for displaced homemakers have been successful in several states. California instituted the first such legislation (and Representative Yvonne Braithwaite Burke of California is responsible for introducing the Displaced Homemakers' Bill in Congress). The Maryland State Legislature passed a displaced homemakers' bill in May 1976, patterned after the California bill. A pilot center was established in Baltimore at the end of October 1976. The Florida State Legislature has also passed displaced homemaker legislation, but at this writing no money has been appropriated for a center.

Displaced homemaker legislation is pending in Louisiana, Massachusetts, Minnesota, New York, Ohio, and Pennsylvania. Bills have been introduced in Arkansas, Georgia, Idaho, Illinois, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oregon, Oklahoma, South Dakota, and Texas.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Is it more beneficial to be widowed in a community property state or in a common-law state? Why?
2. What is meant by intestacy? What implications exist for the widow whose husband dies intestate?
3. Why has credit been difficult for women to obtain?
4. What will passage of the Equal Rights Amendment mean to middle-aged and older women?
5. Why is displaced homemakers' legislation important to middle-aged and older women? What alternatives are available to displaced homemakers if the legislation is defeated?

SUGGESTED ACTIVITIES

1. Draft a law designed to protect older women.
2. Estimate the value of your home and possessions. If your husband (father) died, what would you (your mother) inherit; what taxes would be incurred? Could you (she) afford to pay the taxes? To whom would you (she) pay them, and in what length of time would they fall due?
3. Apply for a credit card in your own right.
4. Contact the appropriate legislative bodies in order to determine:
 - what the inheritance laws are in your state;
 - what the property laws are in divorce cases in your state;
 - whether your state has any special protections for older women;
 - whether your state has ratified the Equal Rights Amendment and why or why not;
 - whether your state has displaced homemaker legislation pending; what it will offer if voted into law; and the current status of the bill.
5. Visit a displaced homemakers' center. What services are offered? How many women are served? What are the limitations of the services offered?
6. Interview women who are displaced homemakers. How do they feel about their experiences? How are their experiences common; how do they differ?
7. Design a displaced homemakers center. What would you include? Why?
8. Develop a brief questionnaire on the Equal Rights Amendment. Administer it to young (20-25 years), middle-aged (40-45 years), and older women (60-65 years). Compare responses. Which age group was most knowledgeable on the subject? Which groups favored it; which were opposed? How do you account for the responses obtained?

UNIT ELEVEN

EMPLOYMENT AND RETIREMENT

WORK ASPIRATION AND CHOICE

Defining the meaning of work for women has been a difficult task; the American social system traditionally has not prepared many women adequately for involvement in the paid labor force. That literature which focuses on American occupational involvement is based on male work histories. This neglect of the different work patterns of women exacerbates the problem of definition.

Value systems change slowly; American women are still not expected to consider work outside the home as an equal alternative to their "natural" roles of wife and mother, nor as parallel to these roles. Work is viewed as a secondary role for women, regardless of age or familial status. It is expected to be a primary role only for the unmarried woman. Despite a cultural value system which restricts women's orientation toward work and their employment in occupations, women are joining the labor force in unprecedented numbers. A recent study finds that "the interesting new trend is that middle-aged women, having outgrown their limitations of interest, are now returning to school and even preparing for professions in dramatic numbers" (Lopata and Steinhart, 1971, p. 30). This is especially interesting since middle-aged and older women belong to those cohort groups socialized to believe that they would be wives and mothers rather than working women.

Trends in Labor Force Participation

Changes in labor force participation have been far more dramatic for women than for men and have had impact across all age groups. The number of women workers doubled between 1950 and 1974. Forty-six percent of all women 16 years of age and over were in the labor force in 1974, and now women account for nearly 40 percent of all workers (U. S. Dept. of Labor, 1975). This has occurred as labor force participation by men has declined.

In 1974, married women residing with their spouses accounted for 22.5 percent of the total labor force, or nearly 58 percent of all women in the labor force. Divorce, separation, and widowhood also affect labor force activity. Participation by these groups, as well as by never-married women comprises 16 percent of the total labor force, or 42 percent of all women in the labor force (see Table 11.1). Projections of the size of the labor force by sex and age indicate that by 1990 there may be 43.7 million women in the labor force, a 22 percent increase over the 35.9 million women in the labor force in 1974 (U.S. Dept. of Commerce, 1976).

TABLE 11.1

WOMEN IN THE LABOR FORCE,
BY MARITAL STATUS, 1974.*

Marital Status	% Distribution of Women in Labor Force	% Distribution of Total Labor Force
TOTAL	<u>100.0</u>	<u>38.5</u>
Married (husband present)	57.7	22.5
Husband absent	42.3	16.0
separated	(4.6)	
widowed	(6.9)	
divorced	(7.5)	
never-married	(23.3)	

*includes women aged 16 and over

Discrimination in Employment

Despite the increasing numbers of women in the labor force, employers still exhibit a great degree of resistance to hiring older women as they do to hiring older men. Such women are perceived to be "menopausal," "hysterical," "unreliable," "untrainable," and so forth. Such attitudes are largely unfounded, and reflect a cultural bias. The evidence indicates that older women are more reliable than younger women (Kreps and Clark, 1975). They have lower rates of absenteeism and are more willing to learn new tasks.

The incomes of women workers tend to be less than those of their male counterparts. Women workers aged 45-54 earn 54% of the amount earned by comparably aged men; in the 55-64 age bracket, women earn 61% as much as like-aged men.

Such wage discrepancies are due to several factors. Women with no marketable skills, or outmoded skills, are often forced into areas requiring little experience or training, and such jobs are accompanied by lesser wages. Forty-eight percent of women over 45 are employed in the areas of retail sales, unskilled or semiskilled factory work, private household work, and other service jobs. Another 28% of women over 45 are involved in clerical work.

Additionally, women have traditionally had less formal education than men. This is limiting in terms of a starting point and in terms of future promotional opportunities.

Third, most women have had extended non-work periods when they raised children and managed households. Their limited numbers of years of employment acts to depress the income ceiling they will achieve prior to retirement.

Finally, the lesser wages often reflect employer bias, and the belief that most middle-aged women are working because they want to fill their time. In fact, most older women work because they need the money. Single women have to support themselves and sometimes dependents. Married women may be required to contribute to college tuition, care for aging or ill parents, mortgage payments, or to ensure an adequate retirement income.

ADJUSTMENT TO RETIREMENT

The problem of retirement adjustment of women has been neglected, partially because one particular theory of women's roles has postulated that because the role of wife and mother is the primary role for women, any type of work would be temporary. Thus, women would be glad to leave the work role and return to their primary focus.

While most older women did not train for paid employment, by the middle 1960's there were more women in their 40's than women in their 20's and 30's in the labor force. It would appear that retirement patterns for middle-aged women would reflect the shift from the homemaker role to work role and that women who have turned from a housewife orientation would be reluctant to return to it upon retirement.

Retirement studies have almost consistently excluded the working woman. "The plethora of retirement studies over the years has been marked either by the total exclusion of females, small, nonrepresentative samples of women, and/or the omission of analysis by sex" (Jaslow, 1976, p. 212).

Why select women for special emphasis in an examination of retirement issues? At present, 38.5 percent of the work force are women, and at some point all will retire. Added to the increasing number of women entering and retiring from the work force is the fact that women live longer than men and so are faced, at least statistically, with a longer period of retirement (Grambs, 1975). Thus, their adjustment to retirement is at least as important as that of men.

Of the many widely accepted stereotypes about women, one of the most pervasive and harmful is the belief that work is not meaningful to them. From this belief comes the rationalization, in the form of another stereotype, that retirement is a minor event in the lives of working women.

Expression of these stereotypes is widespread in retirement and gerontological literature. The view is largely based on role theory,

which holds that giving up a primary role is what makes retirement a crisis. According to Palmore (1965), the worker role is more important to most men than to most women; for most women retirement does not mean giving up a primary role.

The woman retiree is often portrayed as maintaining an advantage over the male retiree because she is imagined as returning to her primary role of wife and homemaker. In fact, women at retirement age are much less likely to be married than men (Ragan, 1977, pp. 4-5). In 1975, 82 percent of the men aged 55 to 74 were married (with spouse present), compared to only 67 percent of the women aged 55 to 64, and 47 percent of the women aged 65 to 74. Widowhood, of course, predominates among those women not married, with 42 percent of the 65 to 74 year old women widowed (Siegel, 1976).

As a result of the traditional view that women's primary role is considered to be that of homemaker, special conflicts exist for many working women who must attempt to juggle successfully their multiple roles (Coyle and Fuller, 1977). Several studies (Coser and Rokoff, 1971; Sokolowska, 1965) view the problems of working women as resulting from the conflict between the dual roles of wife and worker. "Given the strain, for women workers, of combining demanding work and home obligations, one might expect women to be eager to retire" (Coyle and Fuller, 1977, p. 2).

But contradictory evidence exists about retirement attitudes. The data from the few empirical studies of meaningfulness of work and impact of retirement for women have shown the exact opposite of the stereotypes described above, suggesting the importance of work to women.

In a study of retired teachers and telephone company retirees (Atchley, 1976), respondents were asked to check from a list of life goals the areas in which failure would be most troublesome. Work was valued by most of the respondents. ". . . there were no significant sex differences in the importance of work" (Atchley, 1976, p. 208). This finding runs counter to the common assumption that "work is a less important life goal for women" (Atchley, 1976).

Additionally, the retired men in this study were more likely to become accustomed to retirement in three months or less, a finding that "runs counter to many of the commonsense pronouncements to the effect that retirement adjustment is easier among women because they have the housewife role to fall back on" (Atchley, 1976). It would appear that middle class women "do in fact seriously embrace work as a life goal and that if anything women have more difficulty than men in giving up their jobs" (Atchley, 1976). Women are less likely than men to be positively oriented toward retirement (Jacobson, 1974) and more likely than men to express apprehension and display high anxiety about the effects of retirement (Atchley, 1976; Streib and Schneider, 1971).

Not only do women have a harder time getting used to retirement, they show a greater prevalence of negative psychological characteristics compared to retired men. Retired women are more often lonely, anxious, low in self-esteem and self-stability, highly sensitive to criticism,

and highly depressed (Atchley, 1976). Males adjust to retirement faster than females, like retirement better, and have fewer negative psychological symptoms (Atchley, 1976). Retirement does, then, constitute a crisis for today's older woman.

People are living longer than ever before, but retirement is not taking place significantly later in the life cycle. (Recent legislation has changed the mandatory retirement age from 65 to 70.) Therefore, the post-retirement period keeps lengthening. Most women experience a longer post-retirement period than do men since women live longer. Women often retire when their older husbands do which is earlier than their own mandatory retirement age. "If old age might be calculated in terms of the expected number of years left until death, then older women are in fact not so 'old' as men of the same chronological age, and might expect to have additional years of work before they need to retire" (Ragan, 1977, p.4).

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. How has labor force participation by older women changed during the past 20 years?
2. Why do older women return to work?
3. How do women's wages compare to those earned by comparably aged men? How would you account for the similarities or disparities?
4. Is work as meaningful to women as it is to men?
5. What is retirement like for older women? Is their adjustment more or less difficult than men's adjustment to retirement? Why?

SUGGESTED ACTIVITIES

1. Visit an "over-60" counseling or employment agency to determine what services are offered, characteristics of persons served, cost, most frequently-expressed concerns of clients, and other factors deemed relevant.
2. Interview older women workers concerning job discrimination situations they have encountered.
3. Interview older and younger women who have comparable jobs (for example, both are teachers, both lawyers, etc.). What meaning does their work have in their lives? What are the similarities, the differences? Can these be attributed to the person's age, to the changing role of women, or to other factors?
4. Interview some employers in your area regarding their perceptions of older women workers in general and within their own organizations specifically. What percentage of their employees are women? What percentage are older women?
5. Interview women who have retired within the last three years. Ask them to share positive and negative aspects of the experience, type of pre-retirement planning they engaged in, their hopes for the future, and any advice they might offer to other older women preparing for retirement.

UNIT TWELVE

SOCIAL SECURITY AND PENSIONS

The related issues of social security and pensions are of extreme importance to older women. Older women in America today constitute the single poorest group of persons in our society (Kreps and Clark, 1975). More than 50% of all single women over 65 live at or below the poverty level (which was defined as \$2,900 by the United States Department of Labor on April 1, 1977). In 1975, only 5% of single women aged 65 and older were living on more than \$5,000 annually. This status is due in large part to the limitations of social security and pension benefits available to middle-aged widows and to women over age 62.

SOCIAL SECURITY

There are a number of social biases, as well as inequities in the social security system, which contribute to the low socioeconomic status of older women. One of these is sex discrimination in employment. Social security benefits are based on earnings. Since women earn approximately half as much as do men, their benefits are much lower upon retirement.

Women are "punished" if they elect to drop out of the labor force to raise families. Benefits are calculated on average lifetime earnings. For every year a woman stays at home raising children, a "0" gets averaged in, lowering her average lifetime earnings, and thus her social security benefits. In 1978, the average lifetime earnings are based on the highest salaried 22 years, a figure that will increase for each succeeding cohort until some maximum level is reached.

To compute average annual earnings* complete the following steps:

1. indicate the year in which you will be 62.
2. count the number of years that will pass after 1955, or the year in which you were 26, whichever is later, and up to, but not including the year in which you will be 62, indicated in step 1.
3. For each year from 1951 on, fill out your earnings. If you earned more than the social security maximum earnings base for any given year, you may only indicate that base, because that is the amount of money on which you paid social security taxes. For example, the social security base for 1973 was \$10,800. If you earned 7,000 that year, you would so indicate. If you earned \$15,000 that year, you could only indicate \$10,800.

*NRTA-AARP. Your New Social Security and Medicare Fact Sheet. Washington, D.C.: Bureau of National Affairs, Inc., 1978. p.5

4. Pick out the years for which you have the highest earnings. The number of years selected must equal the number of years indicated in step 2.
5. Total up the earnings for the years selected in step 4.
6. Divide the total obtained in step 5 by the number of years obtained in step 2. This is your average annual earnings on which your social security benefits will be based.

An example follows:

Mary Smith was born in 1916. She married after high school and went to work so that her husband could complete a college education. Shortly after he graduated, Mary became pregnant and quit her job. When her youngest child turned 16 in 1963, Mary decided to return to work. Mary will be 62 in 1978 and has elected to retire early. Her social security benefit is based on the steps outlined above.

1. Mary will be 62 in 1978.
2. Mary was 26 in 1942, so she counts the years after 1955 up to, but not including 1978 (when she will be 62) to determine over how many years her earnings will be averaged: 1956-1977 = 22 years.
3. Mary Smith's earnings record:

Year	Step 3		Step 4
	social security maximum earnings base	earnings covered by social security	years of highest earnings
1951	\$ 3600	0	
1952	3600	0	
1953	3600	0	
1954	3600	0	
1955	4200	0	
1956	4200	0	✓
1957	4200	0	✓
1958	4200	0	✓
1959	4800	0	✓
1960	4800	0	✓
1961	4800	0	✓
1962	4800	0	✓
1963	4800	\$ 4800	✓

Year	Step 3		Step 4
	social security maximum earnings base	earnings in covered by social security	years of highest earnings
1964	\$ 4800	\$ 4800	✓
1965	4800	4800	✓
1966	6600	6400	✓
1967	6600	6600	✓
1968	7800	7700	✓
1969	7800	7800	✓
1970	7800	7800	✓
1971	7800	7800	✓
1972	9000	9000	✓
1973	10800	10800	✓
1974	13200	12900	✓
1975	14100	13600	✓
1976	15300	14300	✓
1977	16500	15000	✓
1978	17700	*	
1979			
1980			
1981			

* Mary will retire in 1978 so this is not calculated. Her average earnings will be recalculated in 1979 so that anything earned during the year of retirement but prior to retirement will be included. If she retires on 7-1-78, her earnings from 1-1/6-30 will be entered.

4. Mary must select her 22 years of highest earnings. She only shows a salary for 15 years so 7 zero ("0") years must also be included.
5. If we add up Mary's salary for each of those 22 years, we get a total of \$113,300.
6. The dollar amount obtained in step 5, \$113,300, is divided by the number of years obtained in step 2, 22, to give Mary her average lifetime earnings. $\$113,300 \div 22 = \$5,150$. This is the amount on which Mary's monthly social security benefit will be based. If Mary retires at age 62, her benefit will be \$262/month or \$3,144/year.

If Mary could have divided her total lifetime earnings by 15, the number of years she actually worked, her average lifetime earnings would have been \$7,750, yielding her a monthly benefit of \$346. Taking time out for motherhood has cost Mary \$84/month or \$1,008/year in social security benefits.

A third problem with social security concerns the actuarial reduction. An individual may elect to receive benefits at age 62 instead of age 65. Because benefits will be paid to the beneficiary for an additional three years, monthly benefits are smaller. Unfortunately, many women are in such financial binds as they age that they cannot wait the additional three years until age 65; they must begin collecting benefits at age 62. The reduced benefit helps maintain their impoverished status. In 1970, 70% of women did not hold out until age 65. If Mary Smith, in the previous example, had waited until age 65 to collect benefits, her \$5,150 average lifetime earnings would have yielded her a \$327 monthly benefit instead of the \$262 she collects at age 62.

All wage earners pay into the social security system at the same rate. When more than one person in a family works, retirement income may be no greater than if only the husband paid into the system. A dependent wife with no earnings record of her own receives 50% of her husband's benefit when she is 65 (or 38% of her husband's benefit when she is 62, if she elects to collect early).

A wife with her own earnings record may collect a benefit based on her own earnings or on her husband's earnings record as a dependent wife, whichever is greater. The employed wife receives no benefits for her payroll tax contributions in many cases.

Example A: A retired 65-year-old couple where only the husband worked, averaging \$8,000/year. His monthly benefit is \$453; the additional 50% for his dependent wife is \$227, for a combined income of \$680.

Example B: A retired couple where the husband worked, averaging \$8,000/year and the wife worked, averaging \$2,000/year. The husband's monthly benefit is \$453; his wife may collect either 50% of his benefit as a dependent wife (\$227), or her own benefit (\$191), whichever is greater. She will claim 50% of his benefit, since it is the larger amount. As a family, they will have the same combined monthly income as couple A, despite the fact that Mrs. B. paid social security taxes on her earnings each year.

Example C: A retired 65-year-old couple where the husband worked, averaging \$5,000/year and his wife worked averaging \$3,000/year.

(NOTE: They had paid the same dollar amount in social security taxes as the husband in example A). The husband's monthly benefit is \$322. His wife may collect her own benefit of \$236 or 50% of his benefit (\$161) whichever is greater. In this case she would take her own, for a combined monthly total of \$558, \$122 less per month than couple A even though couple C paid the same amount in social security taxes.

Example D: A working man earns \$12,000 in 1973. He pays taxes on only \$10,800 that year as specified by the social security administration. At 5.35%, his tax amounts to \$631 for the year. A second couple, where the husband and wife both work, and each earns \$6,000. Their taxes amount to \$351 apiece, or \$702. Even though they have paid more into the system, their monthly benefits will be less than those paid to the \$12,000/year husband and his dependent wife.

Yet another inequity occurs for widows. Unless the widow is totally disabled and eligible for disability benefits, her widow's benefits cease when her youngest child turns 18. (Her child is eligible for benefits if in college, but she is entitled to nothing). Her benefits resume at age 60. For many women, widowed in their late 40s or early 50s, the several years that must elapse before help is forthcoming can be devastating. These women are generally not eligible for welfare because one of the requirements is housing payments that do not exceed \$96/month. Many widows are living in homes that require a greater financial commitment monthly than is allowed by welfare agencies and so cannot find help from that quarter. These women, too old to find jobs and too young for social security, have been called "displaced homemakers". (Their plight is examined in detail in unit 10). In cases of divorce, a woman married less than 20 years to her husband is ineligible for any benefits on his earnings record.

Despite so-called "cost of living" increases, social security payments have failed to keep up with the impact of inflation. As rent, utilities, transportation, and other related expenses increase, many social security beneficiaries do without food and medication.

A final inequity exists for lower-salaried employees (and that usually means women), and that is the regressive nature of the social security tax. The lowest salaried pay the greatest percentage into the system because taxes are based on absolute dollars instead of earnings (note that benefits are based on earnings, not absolute dollars, favoring the highest salaried and penalizing the lowest-salaried). For example, in 1976 social security taxes amounted to 5.85% on any income up to \$15,300, which came to \$895.

Anyone with a salary of \$15,300 lost 5.85% of it, but anyone with a greater salary lost a smaller percentage. The \$895 tax amounts to only 4% of a \$20,000 salary; 3.5% of \$25,000; 2.9% of \$30,000; and 2.5% of \$35,000. As one's salary grows, the percentage lost to social security decreases.

The 1977 Social Security Amendments

In 1977, changes in the social security system were enacted, and these will be effective as of January 1, 1979. A number of changes have been proscribed by law, and these changes will not be dealt with here. There are, however, three changes that have direct impact on women.

First, if a woman receives widow's benefits, her checks will no longer be stopped or reduced if she remarries at age 60 or later. Previously reduced benefits to widows will be increased.

Second, a divorced wife aged 62 or older can get benefits based on her ex-husband's social security record if he is getting benefits and if the marriage lasted for 10 years (instead of 20 as currently required). Where an ex-husband has died, the surviving divorced wife can get survivor's benefits as early as age 60 (and earlier if disabled).

Third, the benefit formula has changed. Social security checks have been based on average earnings over a period of years, using the actual dollar value of past earnings. For workers who reach 62 after 1978, actual earnings for past years will be adjusted to take account of changes in average wages since 1951. These adjusted earnings will be averaged together and a formula applied to the average Social Security benefit amount.

Collecting Social Security Benefits

The Social Security Administration (SSA) will, upon request, send any individual a statement of earnings. This statement indicates how much money an individual paid taxes on, and how many quarters she has earned. By obtaining this information every few years, an individual can check that her earnings and social security taxes are properly credited, and delays are avoided when an older person is ready to collect benefits.

When one visits the nearest social security office to place a claim, it is essential to present one's social security card. A birth certificate is required in addition to the social security card when a claim for retirement benefits is filed. A claim for widows' benefits requires the husband's social security number and wedding and death certificates. The SSA will not entertain claims without appropriate documentation. It is best to collect these documents early to avoid a delay in processing a claim.

PRIVATE PENSIONS

Historically, only 1 in 5 (20%) women retiring from jobs in private industry could expect to receive a pension, although 1 in 2 (50%) men could expect to receive a pension. Pensions for those women who do

receive them are shockingly small; median benefits are approximately half of the median benefits paid to men. Survivors' benefits are uncommon; only 2% of all widows over 65 are receiving any benefit from their husbands' pension plans (Blackwell and Ferguson, 1973).

The private pension system covers only non-governmental workers and includes some 44,000 different pension plans. These plans were virtually unregulated until two years ago. Their provisions were varied, determined either by employers alone or through negotiations between employers and unions.

Approximately half the private labor force is not covered at all by the private pension system and those who are covered are predominantly men. Nearly half of the employees who were covered by pension plans never received the benefits to which they were entitled. Many of those employees were women.

Most women do not have savings or other assets to tide them over the 18 years that a woman is expected to live after age 65 (to 83). Data collected by the Department of Labor (1977) indicate that 47% of women over age 65 live on less than \$2,000 per year, 48% of women over age 65 live on \$2,000 - \$5,000 per year, and only 5% of women over age 65 live on more than \$5,000 per year. This is why it has been so imperative to abolish the discrimination against women inherent in the private pension system. Unfortunately, the legislation reform has no impact for women who are already retired.

Inequities in the Pension System

Many women returned to work after raising children to discover that under some pension plans they were considered too old to enroll. Frequently, companies that hired large numbers of women, such as department stores, had requirements which excluded new employees over 45 from participation in the plan (Blackwell and Ferguson, 1973).

Pension plans paid off primarily to employees who stayed many years in one job, and that usually meant male employees. Non-continuous work often meant that a worker might lose pension benefits. Again, women more often than men were the ones to be laid off, since they tended to fill the more expendable positions, to take time out to raise children, or to work part-time; such situations placed them in a non-continuous work situation.

Overall, women earn a little over half as much as men. Because pension benefits are generally based on annual earnings during the years of employment, women's pensions are smaller than men's. The pension reform legislation does not remedy this situation.

Some women worked outside the home all their lives, and earned good salaries, but changed jobs several times. Benefits are considerably smaller than a single benefit from one employer would have been. Some women may be unable to collect benefits at all if they did not stay at each job for a specified number of years. Almost all plans discriminated by paying

lower monthly benefits to women because of their longer life expectancy, or by charging women more money than men for the same benefits. Others established an earlier retirement age for women.

Pension plans did not consider wives as equal partners. The pension benefit was considered to belong only to the employee, not to the wife. Many workers assumed their spouses would automatically get the pension after widowhood, a misconception that could not be remedied after the death of the pensioner. Some plans did have a survivor's benefit option. If the worker filed the right documents at the right time, and agreed to take a substantially reduced pension in his own lifetime his widow could receive a still smaller benefit after he died. Very few workers chose this option, as evidenced by the 2% of widows receiving any survivor's provisions (Blackwell and Ferguson, 1973; Young and Young, 1976).

If a worker, male or female, was not employed at retirement age, the pension could be lost. It was not uncommon practice to fire individuals a year prior to retirement age. The pension contributions paid in over a lifetime were lost and the workers had no recourse.

To prevent such questionable practices and to eliminate some of the more blatant discriminatory practices, Congress passed the Employee Retirement Income Security Act of 1974 (ERISA). The majority of the provisions of ERISA took effect in 1976, so pension protection has only been available for two years.

Pension Protection

Major provisions of ERISA include the following (U.S. Dept. of Labor, 1976):

Participation and survivor protection. In general, pension plans must allow any employee who is 25 years old and has had at least a year of service to join the plan. Part-time workers who are employed a minimum of half-time must also be included in pension plans.

A pension plan which provides benefits in the form of an annuity must provide a participant and his or her spouse with a "joint and survivor annuity", unless the participant declines such protection for the spouse. The survivor's annuity must be no less than half the joint annuity. It is important to note that when a pension participant elects this option, his monthly benefit will be smaller than it will be if he declines the option.

If the worker dies within ten years of retirement, his widow is still eligible for some benefits if the worker has exercised his right to this protection. A wife is not informed if her husband declines to elect the survivor annuity - thus, it is important for wives to initiate inquiries as early in the pension program as possible.

Vesting. Each pension plan must provide that the employee has a non-forfeitable right at normal retirement age to all his or her contributions to the plan. Each plan must provide at least one of the following methods

of assuring rights to employer contributions on behalf of the employee:

- a) graded vesting - gives participants a nonforfeitable right to 25% of accrued benefits after 5 years on the job, with 5% increases in vesting for the next 5 years, 10% each following year, and 100% at the end of 15 years;
- b) full vesting - gives participants total nonforfeitable benefit rights after 10 years of service with the company, but nothing prior to that time;
- c) modified rule of 45 - gives participants who have at least 5 years of service 50% vesting when age and years of service sum to 45, with 10% increases in each of the next 5 years. Gives anyone who completes 10 years of service 50% vesting and 10% more for each additional year of service.

A break in service cannot cancel vesting time unless the break is longer than the prior service credited toward vesting.

Funding. Standards must be established to assure that contributions to plans are sufficient to pay all pension benefits as they become due, and also to cover current operating costs.

Fiduciary Responsibility. Strict standards assure that fiduciaries (persons entrusted with administering plans or managing the assets of employee benefit plan funds) handle the assets solely in the interest of plan participants. Investments must be diversified to minimize the risk of large losses. Further, fiduciaries of plans other than profit-sharing plans are prohibited from investing more than 10% of a fund's assets in the employer's securities or real estate.

Reporting and disclosure. Administrators of pension plans are required to give each participant and beneficiary summaries of the plan at stated intervals. They are also required to give detailed annual reports to the Secretary of Labor.

Plan termination insurance. A Pension Benefit Guaranty Corporation insures vested pension benefits in much the same way that the FDIC insures bank deposits. If a plan terminates and does not have enough money to pay benefits, the Corporation will guarantee at least a portion of the benefits.

Personal plans. The law entitles workers who are not covered by a qualified pension, profit-sharing, or other plan to set up their own plans by contributing either 15% of their salary or \$1,500, whichever is lesser, to retirement account programs. These contributions are tax-exempt, and interest earned is tax-free, although distribution of these funds upon retirement or disability is taxable as ordinary income.

Effective date. Plans established after enactment of the law must comply with its provisions. Existing plans have varying amounts of time to conform to the law.

Discriminations. The law prohibits an employer from firing workers in order to avoid paying pensions. Further, an employer may not discriminate between men and women regarding fringe benefits and retirement benefits.

Despite ERISA, discriminations still exist. The following case, presented to the Supreme Court, serves as an example.

Women with the Los Angeles Department of Water & Power charged that department with illegal sex discrimination because women are charged more than men for identical monthly pension benefits. A woman took home 15% less pay than a man with the same salary.

The Department claims they are not discriminating since women outlive men and so will draw larger total sums in pension benefits than men. The Department claims it is more generous to women because it matches each employee's pension payment with a 110% contribution of its own, and the women's matches are larger.

Justices Burger and Rehnquist wondered aloud during the hearing if a decision that men and women must pay equally for pensions would entitle men to sue on the grounds that they were forced to subsidize higher total payouts to women (Washington Post, Jan. 19, 1978, p. A-10).

This case has been decided in favor of the women. The United States Supreme Court held that

requiring men and women to make unequal contributions to an employer-operated pension fund violates Title VII of the Civil Rights Act of 1964 (Academe, 1978, p. 9).

Such violations will probably be decided on a case-by-case basis as suits are brought. Thus, the ERISA legislation is no guarantee that inequities for women in various plans have been eradicated.

Keogh Plans

Keogh plans were established in 1968. While an estimated 7-8 million Americans are eligible to participate in Keogh plans, only 600,000 are estimated to have opened accounts.

Keogh plans are for the self-employed. An individual covered by a Government or private pension plan is ineligible. The Keogh provisions allow individuals to set aside up to 15% of their annual income, not to exceed \$7,500 per year. Excess contributions are subject to a 6% annual excise tax.

An employer can also set up a Keogh plan for his employees. Under a Keogh plan, vesting is immediate, that is, any contributions made to an employee's plan belong to her, whether she stays with the employer or not (Young and Young, 1976).

IRA Accounts

Of the 35-40 million Americans eligible to participate in Individual Retirement Act (IRA) pension plans, an estimated 2 million have established accounts. Under current law, employees who are covered by their company's pension plan, no matter how weak it is, cannot open an IRA account.

The maximum amount that can be contributed to an IRA in any calendar year is 15% of annual salary, not to exceed \$1500. If a worker wants to cover his wife, the ceiling is raised to \$1750, but equal amounts must be deposited in each account. In other words, a couple is limited to \$875 in each account and the combined total still cannot exceed the 15% limit.

Funds may not be withdrawn until age 59½ and must be started before age 70½. All withdrawals are taxable as ordinary income. If the beneficiary dies, his widow or other heirs continue to receive payments. If the widow opts for a lump-sum payment, the first \$5,000 is tax-exempt.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. Women constitute the single poorest group of individuals in America today. What social and economic factors contribute to this status?
2. Are older women treated unfairly by the Social Security Administration? How could the inequities be rectified?
3. Do older women fare better under a pension system or under the Social Security Administration? Why?
4. If you lost your spouse, would you be eligible for social security benefits?
5. Do you have a pension plan? Are you eligible for one? If your husband has a pension plan, what are the eligibility provisions?
6. How would your present lifestyle be changed if your income was cut in half due to retirement?

SUGGESTED ACTIVITIES

1. Contact your nearest Social Security office and determine what contributions you have made into the system.
2. Examine your (or your mother's) work history. What social security benefits are you (is she) eligible for in your (her) own right? as a dependent wife?
3. Survey various businesses and industries in your area concerning age and tenure requirements for enrolling in their pension plans. Do these requirements differ for men and women? Do monthly contributions differ for men and women? Are benefits at retirement different for men and women? Why?
4. Interview a single, widowed, or divorced older woman relative or friend concerning her source of income, the manner in which it is spent, financial problems, and the effects her income level has had, and will have, on her lifestyle.
5. Using an income level that is only half of your present one, develop a budget that would provide for your probable needs as an older woman. Use average prices in your community for various goods and services in developing the budget.
6. Brainstorm job possibilities for women over the age of 65. Create new ones as well as identify already-existing ones.

UNIT THIRTEEN

CONTINUING EDUCATION

In examining the area of continuing education for the older or mature woman, it is necessary, almost initially, to define the boundaries within which this topic is contained. Clarification of such terms as continuing education, adult education, the older woman, the mature woman, and the returning woman becomes a difficult task, the accomplishment of which precludes any further analysis.

First, it should be noted that continuing education, as referred to in this unit, is not to be confused with adult education or with the concept of education as continuous or life-long. Adult education is usually associated with educational programs for persons who are lacking certain basic education skills. Those advancing life long education suggest that education should not stop upon reaching a certain age, but should continue over the lifespan. Continuing education, on the other hand, refers to the continuation of an education that has been interrupted for one reason or another at some point after the completion of high school. In most cases it implies that the individual is building upon skills and knowledge that have been learned previously but have not been utilized for a relatively lengthy period of time. The term is also used by professional groups to indicate the continuation of learning to keep up with new knowledge in a given profession.

The distinctions among these educational concepts have apparently been lost in the literature on the aged. In writing about continuing education for the aged, Heimstra (1972) uses the terms continuing education and adult education interchangeably. According to Havighurst (1976), continuing education can take on a variety of forms in a variety of places -- study groups, discussion groups, and lecture series taken formally or informally in churches, community centers, or local colleges and universities. Agreement as to exactly what continuing education encompasses should be reached, if only to facilitate a search of the literature on the topic.

In general, continuing education is perceived to be the resumption of education by the mature woman, although there is apparently no one definition that is acceptable to all as to what constitutes a mature woman. While the Department of Labor defines the mature woman as one over 45 years old, reports on continuing education programs for the mature woman have not adhered to this view. It is more or less accepted that the mature woman and the older woman are one and the same, but the age at which one is designated to be mature or older varies anywhere from 25 years to over 35 years of age. The probable cause behind the disparity in definitions is the lack of statistical data in education on women over the age of 35. Few studies on the mature woman in continuing education have made efforts to differentiate between the educational needs, interests, and goals of 30, 40, 50, and 60 year old women who are resuming their educational pursuits. In some studies, mature women are classified into two categories; those between the ages of 25 and 35 are put into one group, while those over 35 are considered to be another group of mature women.

This problem is recurrent in much of the research on the older woman and continuing education. Knowing this, however, does not necessarily negate all that has resulted from such studies. Much of the information, thus provided, has been beneficial to future returnees by indicating a need for improvements in continuing education. A thorough review of the materials available on the continuing education movement further emphasizes the need for more and better research to be conducted in this area. This unit focuses on four general areas: historical framework; the returning woman; the present status of continuing education; and educational implications.

Historical Framework

Continuing education programs for returning women were beginning to appear on a somewhat noticeable scale in the early 1960's. It was during this time that one would witness the emergence, if only slightly, of an attitude that was changing toward women and in women, an attitude that would eventually erupt into a movement that would sweep over the nation, the feminist movement. The extent to which the continuing education and feminist movements are related can not be ascertained. In fact, in one study on the personality and values of women over age 35 enrolled in the University of Missouri, the feminist movement was not supported by these women (Zatlin, Storandt, and Botwinick, 1973). What was becoming evident, however, was the increasing number of older women re-entering the academic arena, a trend that could no longer be ignored.

Colleges and universities were the first to realize the importance of the continuing education movement, but few knew exactly what to do about it. A period of experimentation began with the development of the first extensive plan for the continuing education of women at the University of Minnesota in 1960. Funded by the Carnegie Foundation, the Minnesota Plan was geared "to provide orientation of the undergraduate women to multiple roles of later life; to tailor continuing education curriculum offerings for the younger mother and homemaker; and to assist the mature woman with special counseling and courses" (Rice, 1975). Since then the continuing education movement has made a lot of progress, although much of it is still experimental.

The University of Minnesota was not alone in its efforts to attend to the needs of the returning woman. Similar programs were beginning to appear in other educational institutions such as Radcliffe, Sarah Lawrence, Michigan, UCLA, Claremont, and Dade Junior College. These programs, although far from perfect, were starting to have an impact on the educational scene. In 1962 the Itasca Conference on the Continuing Education was held in Minnesota. Well aware of the forces resisting progress for women in education, those attending stressed the need for more continuing education programs. Their efforts did not go unnoticed, for in 1963, the Committee on Education in a report to the President recommended that educational services and special programs be provided by colleges, universities, vocational, technical, and professional schools so that the mature woman could resume her study or train for a career. In addition, the report suggested that funds be made available so that these recommendations could be carried out.

With the support of the Federal Government, it is of little wonder that the number of women 25 to 34 years of age enrolled in a program of higher learning tripled between 1960 and 1973. While the figures vary, recent estimates place the number at approximately 450,000 women over the age of 35 enrolled in continuing education and college-degree programs. To further illustrate the progress made by the continuing education movement, more than 500 continuing education programs are now in existence throughout the United States, as compared to some 20 programs in 1963.

The Returning Woman

Although it would be unrealistic to make a blanket statement about who the older, mature returnees are, the picture of these women as presented by various studies and reports on continuing education programs indicates that they have much in common. The director of the Minnesota Plan describes the typical entrant in 1961 as ". . . thirty-five years old and her youngest child is in the first grade. She is a grade mother, a PTA member, and an active participant in civic organizations" (Sender, 1961). Other descriptions of samples representing the older woman in continuing education lend further support to Sender's portrayal:

The average age of these women was 38, with a range from 23 to 53. Almost all of them were married and had children . . . some previous formal education beyond high school . . . out of school for at least 15 years . . . discontinued their education to marry and raise children . . . financial need or a lack of interest in school. . . . some type of work experience, paid or volunteer . . . in areas traditionally pursued by women (Brandenburg, 1974).

. . . housewives between 22 and 59 years . . . average of . . . 39 years . . . married . . . divorced . . . widowed. All but one had children; over half had children under 12, and 14% of these had pre-school children . . . less than a high school education to some graduate study (Taines, 1973).

. . . 20 years to 49 years for undergraduates and 25 years to over 50 years for graduates . . . married . . . divorced . . . separated . . . widowed . . . children ranging in age from less than 5 to more than 18 . . . lapse of time between periods of formal education was 10 to 14 years . . . (Plotsky, 1974).

Today the type of clientele is changing to include older women from low-income and minority groups, but for the most part the continuing education programs still serve middle-aged, middle-income, and middle-class women. Understanding the reasons behind the move back to education by these women may provide some insight as to why such generalizations are made.

The motivating forces accounting for the sudden increase in the number of older women returning to school can be attributed to factors that are both within and beyond the capacity for change in the woman. Given the social and economic conditions of the changing times, women are finding themselves in a situation which they had not foreseen. Because 20 is the average age when women marry by the time they reach mid-life, their children are in school or living on their own. Modern household conveniences leave the housewife with time on her hands, and with less and less to do in the home, she soon is overcome with dissatisfaction and boredom.

For some older women, this period in their lives becomes a time to reassess their roles as wives, mothers, and women. Beginning to have self-doubts and wanting to once again be a valuable and important part of the mainstream of life, these women in search of a new identity return to school. Their expectation is that education will fill the void in their lives while bringing them personal enrichment and a more meaningful relationship with the surrounding world. This is also true for returning women who are divorced or having marital problems. For these women, pursuing their educational endeavors is either a financial or psychological necessity or both.

The anticipation of a career change with possible financial gain also draws the older woman back to school. The resumption of an education as preparation to re-enter the work force entails the up-dating of rusty skills or the acquisition of new ones.

Whether the reasons for the return of the mature woman to the campus be academic interest or vocational pursuit, whether the reasons be social or cultural, the fact remains that the number of mature women attending colleges and universities is rising. These women have shown the desire and motivation to obtain further education.

The desire to accommodate them on the campus, however, has not always been evident. Mature women have special needs which institutions of higher learning should take into consideration when accepting them into the programs. These needs began to surface in the evaluations of the early programs on continuing education for women. Many studies have further analyzed the special concerns of these returning students and have emphasized that these problems be planned for in future continuing education programs.

Interestingly enough, the needs of the mature woman in continuing education programs today are essentially the same as those determined by the early evaluations. Brandenburg (1974) has classified them under the headings of psychological and practical needs. Many programs in continuing education have made improvements based on these needs, but the demand for such innovations is becoming widespread now that more and more older women are returning for an education.

Most attempts to assist the returning older woman have been through counseling services. Studies have found that these women are confronted with problems that are unique to their situation. In deciding to resume

their education or strive for a career, these women must often face negative or mixed reactions from their families and from people who share in the belief that the woman's place is in the home. While some families are supportive of the woman returnee, others create an atmosphere in the home that promotes feelings of guilt and inadequacy with which the woman must cope. Such guilt feelings often result from the fact that the mother and housewife, in spending more time away from home, is either made to feel or makes herself feel that she is failing her family. This self-sacrificing attitude, perpetuated by social standards for centuries, is difficult to overcome.

Such inner and outer conflicts probably account for one of the major findings of studies on continuing education; the older woman almost overwhelmingly has a very low self-concept and has little confidence in her ability to perform scholastically or to make the necessary adjustments to academic life. Adjustments are further hampered by frequent encounters of age and sex discrimination that tend to isolate the older student from the rest of the academic community. Fortunately, some counseling services offer group discussions for the older students, allowing them the opportunity to interact and to realize that they are not alone.

Counseling centers may not necessarily offer special services for the returning woman, and even when they do, they are not always used. Many campuses do not advertise the availability of such services, and so older women are not aware of them (Geisler and Thrush, 1975).

It is finally being realized that counseling programs should be set up to handle different types of women with different types of needs. Guidance in self awareness and assertion may be necessary for some older women, while others may require advisement in such academic matters as scheduling or program planning. New directions are being taken to improve counseling programs for the older woman on campus, with the understanding that older women returning to school in the future will most likely have needs in different areas.

Not only does the older returnee have to deal with her psychological needs, she must also cope with her many practical needs. She must attend to the problems of what to do with the children while she's in class, how to make her home and school schedules more compatible, how to afford tuition, and how to handle so many responsibilities at the same time; in essence, how to be a "super woman".

A survey taken on the needs of older women students cited their most pressing problems as "time pressures, role definition, self-confidence, sense of direction, child care, and scheduling of courses" (Geisler and Thrush, 1975). They also indicated a need for "vocational, educational, personal, and financial counseling and assistance with study skills and obtaining credit for life experience" (Geisler and Thrush, 1975). Another problem to which some women are subjected is the worry over getting credits transferred should their continuing education be interrupted when the family is relocated along with the husband's place of employment. This problem, however, appears to be one that will not easily be resolved.

Very often financial assistance becomes an important factor in determining whether or not the mature woman can continue her education. This is particularly true in the case of the low-income and minority group women. In 1977 at a hearing before the United States Commission on Civil Rights Age Discrimination, the National Council on Women's Educational programs recommended that financial assistance be made available to older women students, despite their inability to attend on a full-time basis. The Council further stated ". . . most higher education institutions continue to perpetrate practices that inhibit the optimal educational development of mature women The scarcity of financial assistance for mature women will continue not only to curtail the educational gains of these women, but will inevitably inhibit their professional development and mobility."

Women seeking to cut the cost of their education should become familiar with the College Board's College-Level Examination Program (CLEP). Many colleges and universities give credit toward courses to students who pass related CLEP tests.

Although many of the problems present today existed in the first continuing education programs, there are numerous people who are consciously making an effort to remedy the situation on campuses throughout the nation. Experimental programs are in operation attempting to make the older woman's return to the academic life a more meaningful experience. Some of them have similar approaches, while others offer a unique concept of continuing education.

The reentry experience is not always a positive one. Some women maintain that, in attempting to schedule a return to school around obligations to home and family, they are accused of using the family as an excuse to avoid making a commitment. Writing about her experience with a continuing education program in New York, one woman states:

I began to realize that discontented middle-aged women constitute a lucrative clientele for a host of other women: psychologists, psychiatric social workers, career counselors. We were a gold mine. Those of us who had chosen to stay home were going to be advised, counseled, and exploited by women who had themselves rejected our lifestyle (Zanar, 1977, p.85).

The Present Status of Continuing Education

In 1971 a report was issued which gave a rather extensive listing of approximately 450 continuing education programs for women. There is no list currently available that is comparable. Brochures are distributed by some colleges and universities, but it is the older woman who must take the initiative and seek out continuing education programs. Active recruitment most typically is conducted by community colleges, adult education programs, and agricultural extension programs. It would be impossible to attempt to categorize the existing programs and just as impossible to describe each one. A brief description of a few programs, however, gives some indication of what continuing education can offer to the mature woman.

One of the more well known continuing education programs is operating at Sarah Lawrence College in New York. Established in 1962, this program offers refresher course and counseling services before admission to a degree program. In order to prepare the woman to re-enter the working world, special courses are provided featuring information on education courses, volunteer work, placement assistance, and career possibilities.

This recognition of the older woman as an important asset to the labor force and thereby to the economy, made Radcliffe in Massachusetts one of the first institutions to offer part-time fellowships to women for the purpose of research. Although financial assistance is provided for some women, only the most qualified women, generally those with advanced degrees, are selected.

While some colleges and universities focus on the older woman returning to a degree program, others include workshops and courses geared to the special needs and interests of these new students. This is especially so at the community college level. Community colleges, because of their location, easy accessibility in terms of admission requirements, and less intimidating scholastic attitudes and requirements, have been attracting more older women than the larger institutions of higher learning. As a result, the older woman on the community college campus is not a rare sight.

In California there is a large emphasis on programs that are community based and self-help oriented. One such innovative program is located at City College of San Francisco and is called Women's Re-entry Education Center (WREC). Some of its note-worthy features are financial aid, help in locating child care facilities, and provision of such services as tutoring, peer-group counseling, and special clinics for help in specific subjects.

A different approach is taken at Seminole Community College in Sanford, Florida. Project 21st Century, under a Title I grant, recruits women who are looking for vocational opportunities in non-traditional professions. Special workshops and seminars in areas of interest to the re-entry woman are presented. In addition, some short non-credit courses, such as "Assertive Training for Women", are run on a year round basis.

Too few continuing education programs allow for the special needs of women of low-income. At Brooklyn College, however, Project Second Start, specifically designed with the low-income woman in mind, takes into consideration the importance of one's life experience and gives credit for it. Additional features include free tutoring services which are worked into the individual's schedule, small classes emphasizing the importance of interaction, and a university staff that is not beyond the reach of the student.

For mature women in the Foothill-De Anza Community College district of California who are contemplating a return to the working forces, the New Vocational Education for Women Program aims to prepare them for jobs requiring technical skills. Future plans are being made to include programs for women with backgrounds in the liberal arts and social sciences.

Only a small sample of the many variations of continuing education programs for women has been presented in this section. The fortunate woman will not only have more than one type of continuing education program from which to make a selection, but she will also find the one that best suits her needs.

Evaluations of continuing education programs and the returning woman have yielded valuable research data along with educational implications which should be considered when either planning to start a program in continuing education or making revisions in an already existing program. Although the findings have had a definite impact on the continuing education movement, more information must be obtained on the population of women in continuing education programs, paying particular attention to the interests, needs, and characteristics of the 30 year old in comparison to the 40 or 50 year old returning woman.

Educational Implications

As more and more research is conducted on continuing education programs throughout the nation, a substantial amount of new and pertinent information is now available for planners of future programs. New and innovative programs are being developed on the basis of what is being revealed about the mature woman's needs and how successful programs can provide for them.

Today's planners are well aware that effective continuing education programs are designed to meet the needs of these unique women. Day care centers are being established on the campus, not only as baby sitting facilities, but also as places where children can receive quality education. Flexibility has become the key word in class scheduling. Discrimination on the basis of age and sex is becoming less prevalent. Special courses are offered that specifically relate to the needs of the older woman, and counseling centers are making the older woman one of their priorities. Financial assistance is being made available to women in part-time continuing education programs enabling low-income and minority women to have a second chance. Although some or all of these improvements are now a part of many continuing education programs, they will not be found in all programs. This then is one of the goals for which continuing education and the mature woman should strive.

In order for these changes to be completely realized, existing attitudes toward the role of women in education must first change. People must recognize that women have the right to quality higher education and that they are important resources to the nation. This change in attitudes will not come about, however, until women change their perception of self. Mature women bring with them their life experience which even now some colleges and universities are accepting as partial credit for admission. Studies have also shown that mature women are more highly motivated to learn than younger students and do above average work (Fagin, 1971).

As policies and programs for continuing education change, so too does the older woman. The older woman of today will probably differ in many respects from the older woman of tomorrow. Their attitudes as well as

their lifestyles are changing. More women are foregoing the option of marriage and/or children. What effects these decisions will have on continuing education programs is not yet discernible, but they are certain to have some effect (Geisler and Thrush, 1975).

One change that is already taking place is the ever increasing number of older women enrolled in junior and community college programs. Continuing education programs at these locations should focus on how they can best prepare these women to meet the needs of the neighboring communities (Taines, 1973).

As the role of the woman is changing in the home, so it is changing in career options. More non-traditional programs are opening up in institutions of higher learning. Women no longer think only of being teachers or of entering the field of social work. The change is slow, but this is one aspect of continuing education that will be more noticeable in the future.

Educational implications usually surface as a result of some research investigation. Unfortunately, too little has been done on continuing education and the older woman. Continuing education programs should have built-in evaluations, so that improvements can be on-going.

Continuing education for the mature woman, although in existence for nearly two decades, is still a fairly new phenomenon in terms of its acceptance and its ability to meet the needs of the mature returning woman. Its success is dependent upon the success of its students which in turn is dependent upon the program's having taken into account their uniqueness as a group of older women and as individuals, thereby enabling them to make worthwhile contributions to society.

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. What characteristics do you think describe an older woman student?
2. How beneficial have continuing education programs been for the returning "older woman?"
3. Are older women students treated differently by instructors than younger students? Why might this be so?
4. What are the needs of the returning woman student? How are these needs being met?
5. How should continuing education programs be changed to better meet the needs of older women students?
6. How does the changing role of women impact upon continuing education programs?

SUGGESTED ACTIVITIES

1. Interview older women students to determine what the return experience has been like.
2. Interview instructors to determine how they perceive older women students.
3. Interview young (18-20 years) women students to determine how they feel about, and interact with, older returning women.
4. Meet with a counselor in a returning women's program at a local community college or university in order to discover what services are offered by that particular program. Are these services meeting the needs of the older woman student? Why or why not?
5. Investigate programs for older women students in your community. Which would you recommend? Why?
6. As President of a community college without budget restrictions, implement a continuing education program. Who will it serve, what will it offer, how will goals be accomplished. Justify your decisions.

UNIT FOURTEEN

ETHNIC AND RACIAL VARIATIONS

Within the group of older women in the United States, there are persons from a variety of ethnic and racial groups -- Blacks, Jews, Asian-Americans, Cubans, American Indians, Irish Americans, Mexican-Americans, Italian-Americans, Puerto Ricans, and many more. All groups may at some time have minority status and each has a distinctive subculture. Within the subculture, older age cohorts have experiences and characteristics that differ from the younger cohorts. Also, various ethnic and racial groups have differing views concerning care for their aging members due to cultural norms.

In addition to variations within and between groups, it is a difficult and complex issue to determine how much significance should be attached to ethnicity as compared to other factors when analyzing various groups.

. . . American ethnic groups differ in so many demographic, geographic, and other respects that it is necessary to separate out the effects of these other differences in order to determine how much effect ethnicity, as such, has on the behavior of ethnic groups themselves or on the larger society's behavior toward them (Sowell, 1978, p.213).

The median age differences among ethnic groups vary greatly. Americans of Irish or Italian ancestry have a median age of about 36 years while the median age of those persons of Puerto Rican or Mexican origin is approximately 18 years. Russian Americans, who are mostly Jewish, have a median age of 45 years or nearly 2½ times older than the groups with the youngest median age. The median age differences influence the percentage of older women within a particular ethnic group. To illustrate, about 36 percent of Japanese American women are aged 45 or over while only 27 percent of Filipino-American women are in that age group.

Median age differences among groups also affect such age-related phenomena as fertility, income, and educational levels (Sowell, 1978). The fertility rate is influenced by the proportion of older women within a particular group. The older women tend to have more children than the younger women because the older women have completed their families; the younger ones have not. Fertility rates and income levels are inversely related in American ethnic groups. The education levels of older women in an ethnic group tend to be lower than those of the younger women.

The magnitudes of the differences between age cohorts of the same ethnic group may be indicated by the fact that more than 20 percent of all blacks in the 55-65-year-old bracket, and more than 40 percent of all blacks 65 and over, have less than five years of schooling, whereas less than 2 percent of blacks in the 25-29-year-old bracket had such little education (Sowell, 1978, p.224).

The socioeconomic conditions of any ethnic group depends in part on where its members are located (Sowell, 1978). Immigrants who had little or no money left after their voyage to the United States usually settled in the ports of arrival. Blacks' locations were determined by the economic interests of the slave-holding South. Oriental and Mexican groups tended to choose parts of the United States most accessible to the countries of their origin.

Older women who have minority status are less privileged economically than white older women. For example, black and Spanish-American women aged 65 and over had a lower median individual income than white women of similar ages. In addition, the median family incomes of black and Spanish families with a female head are lower than for comparable white families (See Table 14.1). Four factors -- old age, inadequate income, minority status, and female gender -- build on each other to create life situations with increasing possibilities for loss and injury. To be old puts a person in jeopardy in our society; to be old and poor equals double jeopardy; to be old, poor, and minority creates triple jeopardy; and to be old, poor, minority, and female equals quadruple jeopardy (Perry, 1978).

TABLE 14.1
INCOME AND INCOME SOURCES OF BLACK,
SPANISH, AND WHITE AGED IN THE UNITED STATES

	GROUP		
	Black	Spanish	White
Median individual income			
female, 65-69 years	\$1,170	\$1,270	\$1,608
70-74 years	1,098	1,248	1,525
75+ years	974	1,189	1,362
male, 65-69 years	1,956	2,659	3,817
70-74 years	1,711	2,101	2,892
75+ years	1,503	1,735	2,229
Percent persons with income under \$2,000			
female	83.4	77.3	67.5
male	59.8	47.4	34.0
Percent persons without income			
female	14.0	21.0	13.0
male	5.9	5.8	2.9
Median family income by family type			
husband (65+ years old)- wife	\$3,250	\$4,373	\$5,050
female, 65+ years old- head	2,904	3,897	5,772
Percent of all aged families living in poverty	38.8	25.4	15.6
Percent of all aged unrelated individuals in poverty	71.7	58.1	48.8

SOURCE: U.S. Bureau of the Census, Census of Population, 1970: Detailed Characteristics, Final Report PC(1)-D1, United States Summary (Washington D.C.: Government Printing Office, 1973).

Most research concerning ethnic and racial groups is not directed toward investigating sex differences within the group. More often studies compare one group with another and/or with the white majority. Thus, the information concerning various groups of women presented in this unit is gleaned mainly from sources providing general information about ethnic and racial groups. Black women, however, are an exception; research focusing upon them as a separate group with special social and economic problems has begun in recent years.

Spanish-American Women

According to 1975 census figures, the total Spanish-American population is 11.2 million (Butler, 1977). This includes persons from Cuba, Central and South America, Mexico, Puerto Rico, and other Spanish people. The Mexican Americans are the largest subgroup -- 6 to 7 million. Eighty percent of the Mexican-Americans live in urban areas, primarily in five Southwestern States -- Arizona, California, Colorado, New Mexico, and Texas (Butler, 1977). Persons aged 65 and over make up only 4 percent of the Spanish-American population as compared with 10 percent of the elderly in the white population because the median age is lower. (An exception is the Cuban population with 8.6 percent 65 and over.)

Females do not outlive males in these groups because their lower socioeconomic lifestyle exposes females to greater risks than females of other racial and ethnic groups (Estrada, 1977). Thus, a majority of the Spanish-Americans are married rather than widowed, divorced, or separated. Mexican-American women generally go on bearing children at a much later age than white women (Moore, 1971). Traditional patterns of decision-making and division of household tasks are likely to be a part of the older Spanish-American woman's life. Traditionally, she has been viewed as the pillar of the family.

Rural older Spanish-Americans consider their role within the extended family important in advising their children and others and in acquainting the younger generations with Spanish history and tradition (Streib, 1976). However, extended family care is a myth for the majority of those of Spanish origin (Estrada, 1977). The proportion of Spanish origin elderly living with their children is approximately 10 percent with a slightly higher proportion in rural areas. Spanish-American women are three times more likely to live alone than in someone else's home.

In a study by Bremer and Ragan (1977), the Mexican-American women who lived in homes with their children and grandchildren more often reported feeling less useful as they grew older than did the women who lived with no children under 18. The researchers suggested that factors such as poverty, a low level of education, widowhood, and loss of independence detracted from their happiness. Generational differences within the subculture may be an additional factor.

Jewish Women

Persons aged 65 and over comprise 12% of the Jewish community as of 1971 (Council of Jewish Federations, n.d.), and women exceed men -- 56% women to 44% men. Only 7 percent of Jewish households contain three generations. Over 40 percent of households are one-person households, due mainly to widowhood, but also to separation and divorce. Thirty five percent of Jewish women aged 65 and over are heads of households.

American Indian Women

Nearly 89,000 American Indians aged 55 and over live on and off reservations in the United States (DHEW, 1977). Fewer than 40,000 are aged 65 and over; this is less than 5% of the Indian population, as compared to 6% for blacks and 10% for whites who are in that age bracket (Institute of Gerontology, 1971). The smaller percentage of old Indians is due to their shorter life expectancy; the average life expectancy of Indians is approximately 45 years. Indian women tend to live longer than Indian men. Fifty-five of each 100 Indians reaching age 65 are women.

American Indians are the poorest people in the United States, and older Indians are even poorer than younger groups of Indians. In 1971 one half of the Indian families had yearly incomes of less than \$4,000 (Butler, 1977). Traditional extended family help is not possible if the family itself has no resources.

East Asian-American Women

Two million East Asian-Americans (primarily Chinese, Filipino, Japanese, Korean, and Samoan) make up about one percent of the United States population (Butler, 1977). The majority live in metropolitan areas of California and Hawaii. Immigration policies forced disruption of normal Chinese family life as pre-World War II immigration laws prohibited Chinese women and children from accompanying the men to the United States. Thus, elderly Chinese-American males outnumber females. Japanese-Americans seem to have been able to give older family members more support as this group did not suffer the severe immigration restrictions that affected Chinese family life. However, one-fifth of the Japanese-American elderly are poor. Over half live alone; these are usually widowed females. Most (81%) of the Filipino-American population are male; 30 percent of these men have interracial marriages.

Black Women

About 25 percent of black women are 45 years or older. There were 3.1 million black women in this age category in 1974. Increases to 3.6 million black women 45 years and older by 1984 and 4.4 million such women by 1994 are expected (Jackson, 1975-76). The life expectancy of a black woman who was 40 years of age in 1970 is 73.8 years compared

with 78.1 years for a white woman of the same age (United States Department of Commerce, 1977). The mortality rate of black women 45-64 years of age is approximately twice that of white women in the same age range (Perry, 1978). However, according to 1973 Census figures, a black woman reaching age 60 can expect to live to age 79, only 1.7 years less than a white woman who reaches 60 years of age.

Sixty-one percent of the black elderly aged 65 years and over still live in the South; the rest are fairly evenly divided between the Northeast and North Central regions, with only five percent of black elderly in the West (Institute of Gerontology, 1971). In the South, the movement of younger blacks to northern cities has left a disproportionate number of older blacks in non-metropolitan areas.

The majority of black women live in poverty; they have jobs with long hours and poor working conditions. "The black woman comes to old age physically and mentally exhausted, with few economic or social resources upon which to draw" (Jackson, 1978, p.19).

The income of most black elderly scarcely covers the cost of consumption items alone; yet since many are still in the labor force, they have transportation and other work-related expenses. Twelve percent of black women over 65 years of age continue to be part of the labor force. Twenty-six percent of married black women over age 65 remain in the labor force, while only 15 percent of white elderly wives continue employment (Institute of Gerontology, 1971).

Forty-seven percent of black women aged 65 and over had under \$1,000 in annual income in 1969 (Perry, 1978). Median income for elderly black couples was \$3,222 in 1969 as compared with \$4,884 for whites. The number of black women who are the main wage earners within their families increases with age. In 1970, slightly more than one-half of all women 65 and over and slightly less than half of women 45 to 64 years living with families were the chief income recipients.

Black older women generally have unfavorable housing conditions (Jackson, 1975-76). In 1970 in non-South regions, about 30 percent of those 55-64 years of age, 34 percent of those 65-74 years of age, and about 40 percent of those 75 years and over still lived in homes without all plumbing facilities, for example, hot and cold running water, indoor flush toilet, and bathtub or shower.

Due to the shorter life expectancy of black men as compared to white men, black women experience widowhood earlier in life and have higher widowhood rates. Especially among black women who are 65 years or older, marriage is not the dominant pattern. "In 1970, about two-thirds of these aged black females were widows, and were, of course, more likely to be widowed than were white females (54 percent) of the same ages" (Jackson, 1972b, p.27). As in the past, it appears that the older black widows still depend on their families for support. However, many older black women have no living children and must reach out to secondary kin such as siblings, cousins, and even "make-believe" kin (Jackson, 1972a).

There is evidence contradicting the assumption that elderly blacks in urban areas are surrounded and supported by an extended family network (Faulkner, 1975). Many blacks aged 55 years and over have no relatives near-by. They depend more often upon friends for companionship than upon relatives. They need help in areas such as personal and home care, shopping, getting to church, and a person with whom to talk.

Hobart Jackson (1978), the founder of the National Caucus on the Black Aged, asserts that the extended family which assured a home for the mother, grandmother, or maiden aunt no longer exists as a predominant way of life. He sees older women more often in a room or apartment living on an insufficient income and in fear of their surroundings. These women can avoid isolation as long as they continue an active part in their religious community. If their poverty is too great or their health is too poor, they often become lonely and alienated.

Much of the information about the lives of married blacks has been based on impressionistic judgments. The myth of the matriarchal pattern as the dominant one within black families has been challenged by recent research. In her study of marital life of low income older blacks living in a Southern urban area, Jacquelyne Jackson (1972b) found that the wife was not the dominant spouse when major decisions related to money and economic security, illness, and child-rearing were being considered. "Spouse dominance tends to vary according to the specific areas of decision-making, with wives having more influence within areas traditionally relegated to them . . ." (Jackson, 1972b, p.26).

Older black couples in the above study did not engage in a large number of joint activities. Attending church together, visiting relatives, and shopping were the most frequent shared activities. The wives were most involved with the family jobs that were traditionally feminine: cooking, cleaning, washing, and ironing; the males appeared more involved in masculine tasks such as yard work and home repairs.

A study of married and spouseless (single, divorced, or widowed) black women revealed that their lives are similar in some respects (Jackson, 1972a). Both groups have more contact and satisfaction with friends than with their children. However, the spouseless women were much more likely to spend time outside the home with friends while the married women more often visited relatives. Both groups of women reported their most frequent activities with their children were spending holidays, vacations, and brief visits together.

Social class differences among black women affect the amount of their leisure time activities (Lambing, 1972). The upper-middle class women had twice as many leisure interests on the average as upper-lower class women and three times as many as the lower-lower class group of women. Upper-class black women averaged between three and four memberships in voluntary organizations as compared to slightly more than two for upper-lower class women and just under one as the average for the lower-lower class women. Many of the lower-lower class women have to give up membership due to limited finances. Black women who lived

in segregated urban public housing usually carried out their activities alone (Ehrlich, 1973). Thus, the crucial factor of low income contributes to creating isolation.

Elderly black couples are more likely than elderly white couples to have grandchildren, nieces, and nephews under 18 living in their homes (Institute of Gerontology, 1971). Fourteen percent of black elderly couples take in children of relatives as compared with 3 percent of white elderly couples. Almost half of the black families headed by an older woman (48 percent) have relatives' children living with them as contrasted with only 10 percent of comparable white families.

Historically, the black grandmother has been perceived as a source of love, strength, and stability in the black family. "No matter what social and economical conditions the black family has faced, the black grandmother has been a steady, supporting influence, as well as a connecting link between branches of the extended family" (Jones, 1972, p.19). She had learned how to deal with the dominant white society and survive. She was an authority on having babies and caring for them, curing common illnesses, and preparing tasty meals from little food. She stressed independence and self-reliance as aids in coping with the hostile outside world. She emphasized cooperation as a means of helping her family survive and grow.

The influence of the black grandmother has been reduced as black families migrated to urban areas and adopted middle class values and lifestyles. "Today the black grandmother often lives in, and maintains, the family home, where children and grandchildren gather during the summer or at Christmas to renew, maintain, and strengthen family ties. Family members who suffer temporary set backs also use this family home as a refuge" (Jones, 1973, p.21). Some data about grandparenting suggest that many black grandparents who have grandchildren living in their own homes would prefer to live independently (Jackson, 1972b). However, the circumstances, such as outside employment of the parents of the child, creates a feeling of obligation to extend help.

Throughout the long history of racial and sexual discrimination, black women have found ways to survive with a sense of purpose and self-worth (Watress, 1977). The vibrant, creative spirit of black women has stayed alive over the years and is now being described by black women writers. "And so our mothers and grandmothers have, more often than not anonymously, handed the creative spark, the seed of the flower they themselves never hoped to see: or like a sealed letter they could not plainly read" (Walker, 1977, p.64).

FURTHER EXPLORATION

DISCUSSION QUESTIONS

1. How do racial and ethnic factors affect the lives of older women?
2. How might the experiences and characteristics of older women in an ethnic group differ from younger women in the group?
3. What factors appear to affect the extended family care of an older woman within an ethnic or racial group?
4. How might the percentage of older women within a particular ethnic or racial group affect the valuation placed on the older women and the support provided?
5. What likenesses and differences are apparent in the lifestyles of Spanish-American and Black older women?

SUGGESTED ACTIVITIES

1. Interview an older woman who is a member of an ethnic group. Questions should concern such issues as daily routine, activities and interests, living arrangements, family support (financial and emotional), thoughts and feelings about aging, and other similar topics.
2. Visit a senior center with programs organized for a particular ethnic or racial group. Note what special needs are the focus of the programs and the various levels and types of involvement of older women within these programs.
3. Investigate various services available to minority older women in your area.
4. The above activities can be replicated for several ethnic and racial groups, or for whites in general, and the results compared for similarities and differences.

ANNOTATED FILMOGRAPHY

The annotated filmography is designed to supplement the material presented in each unit of the curriculum guide. Films are listed alphabetically by title. The distribution and rental information is the most recent information available at the time of this printing. Instructors are cautioned that some films may be discontinued. Cost information is not included since prices fluctuate.

Film Description Key

	<i>title</i>	<i>film size</i>	<i>color or black & white</i>	<i>release date</i>
<i>running time</i> —	<u>The Yellow Leaf</u> 29 minutes	16mm	b&w	19--
<i>film description</i> —	The problems of an elderly widow who is forced to leave her daughter's home to live in a residence for the aged are sympathetically viewed. Initially shocked and disappointed, she discovers new friends, new interests, and a new independence in the home.			
	sale: NFB: rent: CMH; free loan: UN			
	sale, rental information			

About Sophie Meir

30 minutes 16mm b&w 1959

The problems of an old woman, whose children cannot have her live with them, are portrayed.

sale: NAAJS rent: NAAJS

Adventures in Maturity

22 minutes 16mm b&w 1955

Contrasts the attitudes and behaviors of a woman resigned to a rocking chair reminiscence existence with her revitalized outlook on life when an older woman friend convinces her to examine the opportunities available to older women in their community.

rent: UI

Alternatives

13 minutes 16mm color 1967

A woman with rheumatoid arthritis must choose between remaining in her own home or moving into a nursing home.

rent: CFI

Angelus

15 minutes 16mm color 1973

A group of elderly women are portrayed in their daily existence. Memories are their defense against a youth-oriented society.

sale: CAR rent: CAR; UM

Antonia: A Portrait of the Woman

58 minutes 16mm color 1974

A seventy-three year old symphony conductor talks about her struggle to succeed in a male-dominated profession.

sale: PHF rent: Ill; PHF; UCB; UM

Arthur and Lillie

30 minutes 16mm b&w 1976

A portrayal of 89-year-old Arthur Mayer (of Hollywood fame) and his 86-year-old wife Lillie, who spend their days doing university lecture tours.

sale: PYR rent: AVLS; PYR

At 99: Portrait of Louise Tandy Murch
25 minutes 16mm color 1974

Celebrates the ninety-ninth birthday of a woman who, at 91, took up yoga and epitomizes the potential of old age.

sale: ECC rent: ILL; UCB; UM

Aunt Arie
18 minutes 16mm color 1975

An eighty-six year old woman, residing alone in the Blue Ridge Mountains, exhibits her crafts and reminisces about her past.

sale: EB rent: EB; UCB

Autobiography of Miss Jane Pittman
110 minutes 16mm color 1973

The film focuses on the life of a 110-year-old black woman who recalls the aftermath of the Civil War, and discusses her life through the Civil Rights movement of the 1960s. An award-winning movie made for television, starring Cicely Tyson.

sale: LCA rent: LCA: UM

Brave Mrs. Korngold
28 minutes 16mm b&w no date

Traces the efforts of a widow who unsuccessfully seeks employment. She suffers a stroke and her children are forced to find a facility that will give her the care she requires.

rent: UN

Bubby
5 minutes 16mm b&w 1968

Portrait of a Jewish grandmother by her 18-year-old grandson.

rent: UCB

Cheers for Miss Bishop
74 minutes 16mm b&w 1940

Focuses on a school teacher who has spent her life working in a small midwestern community.

rent: S

Chicken Soup

14 minutes 16mm b&w 1970

A Jewish grandmother illustrates the proper technique for making chicken soup, after which she and her husband sing a folk song and eat their meal.

sale: CAR rent: PSU; UCB; UM

Continuous Woman

25 minutes 16mm color 1974

Five women -- a black schoolteacher, a clinical psychologist, and a mother, daughter, and granddaughter -- reflect on their own lives and on the alternatives open to women in general. Because the psychologist describes her experiences with lesbianism, this may not be suitable for all ages or groups.

sale: TCW rent: TCW

Dinner Time

2 minutes 16mm color 1971

Portrayal of an elderly woman preparing a meager dinner. Designed as a catalyst for discussion.

sale: UMTV rent: NTS; UMTV

Dorothea Lange: Under the Trees

30 minutes 16mm b&w 1965

Examines the emotions behind the work of this professional photographer as she organizes an exhibition of her work.

sale: IU; UM rent: BU; IU; UCB

Dorothea Lange: The Closer For Me

30 minutes 16mm b&w 1966

A further examination of the photographer and artist.

sale: IU; UM rent: BU; IU; UCB

Elderly Poor

1 minute 16mm color no date

A woman describes the concerns of the elderly poor. Designed as a catalyst for discussion.

sale: TEL

Final Proud Days of Elsie Wurster, The
53 minutes videotape color 1975

Documents thirty days in the life of a retired school nurse who has moved into a nursing home following widowhood. Observations include therapy and treatment, visitors, and reminiscences.

rent: PSU

Four Poster, The
103 minutes 16mm b&w 1972

Examines various stages of married life, with their accompanying ups and downs.

rent: IP

Frances Flaherty: Hidden and Seeking
56 minutes 16mm b&w 1971

A documentary about the eighty-seven year old wife of a noted filmmaker, a still photographer in her own right. Focuses on her life alone, following the death of her husband.

sale: CF; MH; UM rent: CF; MH; UM

Frankenstein in a Fishbowl
43 minutes 16mm color 1972

Examines the antecedents to the decision by two women to have facelifts. The film follows them into the operating room, the recovery room, and finally out into society again. Also examines their families-reactions both prior and subsequent to the surgery. An excellent portrayal of a little-understood area.

sale: TLF rent: TLF; UM

Friends
13 minutes 16mm b&w 1973

This Yugoslavian film emphasizes the importance of a "significant other" in the life of an aged woman; in this case the significant other is a goat.

sale: IFB rent: IFB

Golda Meir

52 minutes 16mm color 1972

An interview with the woman who became Israel's Minister of Labor at age 51; Foreign Minister at age 58; and Prime Minister at age 70.

sale TLF rent: UM

Grandma Moses

22 minutes 16mm color 1950

A portrait of the artist who began her career at age 78 and acquired critical acclaim at age 80.

sale: FI rent: UM

Grandmother, The

34 minutes 16mm color 1970

An animated film in which a lonely little boy "plants" a seed and "grows" a grandmother. Examines grandparent/grandchild relationships, but may not be for all audiences as it is somewhat surrealistic.

sale: TLF

Greene Valley Grandparents

10 minutes 16mm b&w 1973

Retired men and women work in a home for retarded children.

sale: CSF, UM rent: CSF; UCB; UM

Harold and Maude

91 minutes 16mm color 1972

This feature-length film, starring Ruth Gordon and Bud Cort, examines a young man's love affair with an older woman.

sale: FI rent: FI

Helen Hayes: Portrait of an American Actress

90 minutes 16mm color 1970

Helen Hayes discusses the American theatre as well as her own career.

sale: PHF rent: PHF

Homespun
20 minutes 16mm color 1958

A woman of Swedish origin demonstrates her skill at weaving.

sale: EB rent: EB; ISU; UI; UM

I Remember Mama
135 minutes 16mm b&w 1948

Recollections of a teenager about her mother, several aunts, and an uncle. Fairly humorous, somewhat dated.

sale: FI rent: FI

Imogen Cunningham, Photographer
20 minutes 16mm color 1970

The eight-seven year old photographer is shown at work; she discusses her career.

sale: TLF rent: TLF; UM

Jaroslawa
10 minutes 16mm color no date

Portrays a Ukranian woman involved in baking.

sale: DDH rent: DDH

Journey's End
28 minutes 16mm color 1974

Identifies the problems faced by widows when their husbands leave no wills.

sale: USC rent: UCB; UM; USC

Just a Little Time
22 minutes 16mm color no date

Examines the relationship between a terminally ill 49-year-old woman and her nurse.

sale: VN

Knock at the Door

30 seconds 16mm color no date

A ticking clock epitomizes the lonely existence of an old woman, until the silence is broken by a knock at the door. Designed as a catalyst to discussion.

sale: TEL

Legend Days Are Over

5 minutes 16mm color 1973

An old Indian woman expresses her sadness at the changes modern life has wrought upon the Indian culture.

sale: PYR rent: AVLS; PYR

Lonely Years, The

60 minutes 16mm b&w 1960

A 62-year-old woman and her retired husband face the problems of aging. Alternatives for the elderly in the Portland, Oregon area are also approached.

rent: CBS

Love Song of the CooCoo Birds, The

28 minutes 16mm b&w 1972

A bachelor and a widow fall in love and begin to enjoy life, despite their advanced years, an occurrence that displeases their social worker.

sale: PP rent: PP

Maelstrom

1 minute 16mm color no date

A carousel ride evokes memories of the past for an old woman.

sale: USC rent: USC

Mailbox, The

20 minutes 16mm b&w 1977

An old woman waits for letters from her family that never arrive. Focuses on loneliness and the importance of family interaction.

sale: BYU rent: BYU

A Matter of Difference

50 minutes 16mm b&w no date

A documentary on aging, including an interview with Gray Panthers leader Maggie Kuhn.

sale: HD rent: HD

Maturing Woman, The

30 minutes 16mm color 1977

A series of 15 vignettes portraying different stereotypes about the older woman. The film is designed to be stopped after each vignette for discussion. Excellent.

sale: APGA rent: APGA

Millstone Sewing Center, The

10 minutes 16mm color 1972

Indicates the positive aspects of a federally-funded project in a poor rural community that hires elderly seamstresses to make clothes and bedding for the poor. Good portrayal of how gratifying paying work can be for the elderly.

sale: AFW

Milo

33 minutes 16mm b&w 1974

A husband dies suddenly, leaving his widow without any estate or financial planning.

sale: BF

Minnie Remembers

5 minutes 16mm color 1976

Based on a poem of the same title in Images: Women in Transition, Upper Room Publishers, 1976. A woman reminisces about her past as she sits in a rocking chair.

sale: MMA rent: MMA

Miss Larsen: Rebel at 90

17 minutes 16mm color no date

A 90-year-old woman fights against the medications and indignities forced upon the elderly in a nursing home.

sale: FI rent: FI

Mrs. Adams

23 minutes videotape b&w 1976

An 89-year-old woman expresses her views on the aging process as she has experienced it. Interview format.

rent: UMD

Mrs. Kay: Her Failing Marriage

20 minutes 16mm b&w no date

Examines the dilemma of a middle-aged woman whose children have left home and whose husband has fallen in love with another woman. Presented as a case study and discussed by a therapist.

sale: PFD

Mrs. Lawson and Son

40 minutes videotape b&w 1976

Depicts an elderly woman and her middle-aged son discussing their feelings about her move into a nursing home and their perceptions about her early life and the effect it is having on her aging process. Of interest are the extreme differences in perception about the same incidents. Interview format.

rent: UMD

Mrs. P

4 minutes 16mm color 1971

An elderly woman with a part-time hospital job is about to be fired because she suffers from arthritis which is perceived as interfering with her effectiveness.

sale: UM rent: UM

Mrs. Reynolds Needs a Nurse

38 minutes 16mm b&w 1963

A hospital staff must deal with a middle-aged woman who resorts to petty disturbances in order to gain sympathy and attention.

rent: AJN; UM

Myrtle

15 minutes 16mm color no date

Contrasts the dependencies of older adults with the independence of the young, as portrayed by a 65-year-old woman.

sale: CAP

Nana: Un Portrait

25 minutes 16mm color 1973

A portrait of the filmmaker's 80-year-old grandmother. French, with English subtitles.

sale: THE rent: THE

Nana, Mom and Me

47 minutes 16mm color 1974

Portrays three generations of women, and their differing views of life.

sale: NDF rent: NDF

Neighbor

14 minutes 16mm color 1959

An elderly seamstress discovers she is not as useless as she thought she was.

rent: SA

Nell and Fred

28 minutes 16mm b&w 1972

A couple must decide whether to move into a senior citizen's home with available medical facilities, or whether to remain in their own home with their own belongings, pets and memories.

sale: MH rent: MH; MSU; NTS; PSU

Never Give Up

28 minutes 16mm color 1975

Imogen Cunningham, a 93-year-old photographer is shown at work and at home. She discusses her career from 1901 to the present.

sale: FI rent: FI; UM

Nobody Ever Died of Old Age

58 minutes 16mm color 1976

An illustration of the dehumanizing treatment society inflicts upon the aged.

sale: FI rent: FI

Old, Black, and Alive

28 minutes 16mm color 1974

Elderly blacks are portrayed in a variety of living situations, including their own homes and nursing homes, and in work situations.

rent: NTS; UM

Old Fashioned Woman

40 minutes 16mm color 1974

Examines the relationships between an eighty-six year old grandmother and other family members at a Thanksgiving Day dinner.

sale: FI rent: FI

Old Woman, The

2 minutes 16mm color 1973

Death comes to the door of an old woman, but she is so busy with her housekeeping tasks that she does not have time for him. He waits, and eventually collapses from exhaustion, while the old woman goes on.

sale: ACI rent: ACI; UM

Older and Bolder

14 minutes 16mm color no date

Depicts a group of older women who meet on a weekly basis to talk about the many facets of their lives. Originally telecast on PBS television as part of the series "Something Personal."

rent: EDC

The Past, The Present, The Future

25 minutes 16mm b&w 1971

A 63-year-old widow describes the changes she has seen in her community over a lifetime.

sale: NFB

Peege

28 minutes 16mm color 1974

A family visits a blind, mentally failing grandmother in a nursing home. The visit is uncomfortable for all the family members except one grandson, who stays with her for a few minutes after the rest of the family leaves. He talks to her about old times, and touches her, in an effort to let her know that someone still cares about her.

sale: PHF rent: PHF

Popcorn Lady

11 minutes 16mm color 1973

A day in the life of a woman who operates a 1928 Model-T popcorn truck.

sale: PHM rent: PHM

Portrait of My Mother

27 minutes 16mm color 1974

A look at mother-daughter relationships, as well as a mother's interactions with other women friends.

sale: ODF rent: UCB

Purse, The

12 minutes 16mm b&w 1967

An elderly woman finds a lost purse containing \$80 and is tempted to keep it. After seeing a boy shoplift, she telephones the owner of the purse. The woman who lost the purse has since been reimbursed by her insurance company and must decide what to do.

sale: NFB rent: NFB; UCB

Queen of the Stardust Ballroom

102 minutes 16mm color 1975

A middle-aged widow meets a middle-aged mailman at a local dance hall and starts a new life.

sale: LCA rent: LCA; UM

Resolution of Mossie Wax

88 minutes videotape color no date

An elderly widow struggles to survive in an unresponsive system.

rent: WITF

Rights of Age, The

28 minutes 16mm b&w 1967

Medical, psychological, and legal assistance are instrumental in leading an elderly woman out of seclusion.

rent: AJN

Roman Spring of Mrs. Stone, The

104 minute 16mm b&w 1961

A feature length film about an aging, widowed American actress who moves to Italy and becomes involved in an affair with a local fortune hunter. He eventually becomes involved with a younger, more attractive starlet.

sale: MAC rent: MAC

Rose Argoff

9 minutes 16mm b&w 1972

A 75-year-old Russian immigrant to New York is the subject of this film.

sale: CAR rent: CAR; PSU; UM

Sally Garcia and Family

35 minutes 16mm color 1978

A look at family adjustments as a 40-year-old wife and mother of five returns to work and to college.

sale: EDC rent: EDC

Search for Security

17 minutes 16mm b&w no date

An elderly widow attempts to maintain her independence until an accident causes her to seek community help.

rent: UM

See No Evil

15 minutes 16mm b&w

A man and woman in their seventies live together in a senior citizens' hotel. The dynamics of the relationship are explored.

sale: FML rent: FML

Shameless Old Lady, The

96 minutes 16mm b&w 1966

A 70-year-old widow treats herself to a new car, to sweets, and so forth, much to the dismay of her children. Based on a short Bertolt Brecht story.

rent: MMA; TWY

Shopping Bag Lady, The

21 minutes 16mm color 1975

The transition of a 14-year-old girl from an intolerant, insensitive person where older people are concerned to an empathetic, concerned individual. She develops a relationship with the shopping bag lady, as well as with her own grandmother.

sale: LCA rent: ILL; LCA; UM

Social Security: How Secure?

52 minutes 16mm color 1976

An examination of the social security system in the United States

sale: FI rent: FI; UM

Steps of Age

25 minutes 16mm b&w 1950

Examines the emotional problems of old age. A 62-year-old widow, living with her daughter's family, finds she is not fully accepted by adults younger than she is. Her rapport with children leads her toward insight into her own problems. Dated.

sale: IFB rent: UCB; ISU; PSU; UI; UM

Street, The

10 minutes 16mm color 1976

A child's view of a dying grandmother. Award winning.

sale: NFB rent: NFB; UM

String Bean, The

17 minutes 16mm color 1965

Depicts an old lady's tender devotion to a bean plant.

sale: MH rent: ILL; NTS; PSU; UAZ; UCB

Tagged

2 minutes 16mm color 1971

An old woman sits in her rocking chair and watches as her possessions are moved out of her home.

sale: UMTV rent: NTS; UMTV

Taking Care of Mother Baldwin

20 minutes 16mm b&w 1973

Portrays the relationship between an old black woman and a teenager who works as a handyman.

sale: COR rent: AVLS; COR

Tell Me Where It Hurts

78 minutes 16mm color 1974

This award winning film was originally televised nationally. A middle-aged housewife becomes involved in a discussion group where she and her friends examine their marital relationships. With grown children and nothing to do at home, she looks for a job, reconciles with her husband, and approaches life with a new outlook. Excellent. Stars Maureen Stapleton and Paul Sorvino.

rent: LCA; UM

Those Who Mourn

5 minutes 16mm color 1973

A portrayal of attitudes toward death. Focuses on a middle-class wife whose husband dies suddenly.

sale: TEL rent: TEL

Three Grandmothers

28 minutes 16mm b&w 1963

Looks at the roles of grandmothers in three cultures -- Nigeria, Brazil, and Manitoba, Canada.

sale: MH rent: NTS; PSU; UCB; UM

Three Island Women

17 minutes 16mm color 1975

Observes a young, a middle-aged, and an old woman who reside near Hong Kong. A view of their incorporation into decision making processes and manual labor necessary to the community.

rent: UCB

To a Very Old Woman: The Poem as a Personal Statement

10 minutes 16mm color 1975

Portrays the serenity of later life through the activities (playing solitaire, feeding birds, and so forth) of an older woman.

sale: LCA rent: LCA

To Market, To Market

2 minutes 16mm color 1971

An old woman does her meager shopping in a supermarket. Designed as a catalyst to discussion.

sale: UMTV rent: NTSU; UMTV

Tomorrow Again

16 minutes 16mm b&w 1971

A commentary on loneliness and lack of activity among the elderly. The subject is a woman who attempts to attract the old men who sit in the lobby of her hotel.

sale: PYR rent: PYR; UM

Two Worlds to Remember

38 minutes 16mm color 1970

Follows the preliminary evaluations, and program plans made by nursing home staff -- psychiatrists, social workers, nurses, and physicians -- regarding the entry of an 81-year-old and an 89-year-old woman.

sale: AJN rent: AJN

Union Maids

48 minutes 16mm b&w 1976

Three 60-year-old women describe the early period of the labor movement when trade union organization involved a large degree of risk.

sale: NDF rent: NDF

View From the Bed

17 minutes

16mm

color

no date

Describes the adjustments required of a 90-year-old woman who moves into a nursing home with a fairly rigid and constraining set of rules.

rent: USC

Walk in the Spring Rain, The

102 minutes

16mm

b&w

no date

An older woman discovers she still has a need for love and romance.

sale: TWY rent: TWY

Wasn't It a Lovely Funeral

12 minutes

16mm

b&w

1971

Recounting a funeral she attended allows a middle-aged woman to discuss her fears and apprehensions about her inability to confront life.

rent: CINE

When Angels Fall

21 minutes

16 mm

color

1967

Directed by Roman Polanski, this film focuses on an old woman who works as a public lavatory attendant. She recalls the highlights of her life and her love.

sale: MH rent: MH

Where Mrs. Whalley Lives

28 minutes

16mm

color

1971

Shows the increasing confusion and helplessness that occur as a result of being treated as a useless individual.

sale: MH; NFB rent: MSU; PSU; UN

Whispers, The

105 minutes

16mm

b&w

1967

Presents an old woman who lives alone and "hears" whispering voices.

rent: UA

Widows

43 minutes 16mm color 1972

Widows of various ages, races, and economic backgrounds discuss the many stresses of widowhood and how they coped with these stresses.

rent: HMS; UCB

Woo Who? May Wilson

33 minutes 16mm color 1969

The film shows us how May Wilson moves from the country to the city at age 63, and begins to build a new life for herself after her husband leaves her. She moves from being a woman of no self confidence to a self-assured, proud individual.

sale: NDF rent: UCB; UM

Yellow Leaf, A

14 minutes 16mm b&w 1973

An old woman reminisces and decides her life was wasted. Depressing.

sale: MMA rent: MMA

Yellow Leaf, The

30 minutes 16mm b&w 1956

The problems of elderly widow who is forced to leave her daughter's home to live in a residence for the aged are sympathetically viewed. Initially shocked and disappointed, she discovers new friends, new interests, and a new independence in the home.

sale: NFB rent: CMH; UN

Yudie

20 minutes 16mm b&w 1974

A 70-year-old woman describes her life as a Jewish immigrant to New York City.

sale: NDF rent: NDF; UM

FILM DISTRIBUTORS

Film distributors are listed in alphabetical order by acronym.

ACI	ACI Films, Inc. 35 West 45th Street New York, New York 10036	CBS	CBS/Education and Publishing Group Columbia Broadcasting System 383 Madison Avenue New York, New York 10017
AFW	Appalachian Film Workshop Box 743 Whitesburg, Kentucky 41858	CF	Concord Films Nacton near Ipswich Suffolk, England
AJN	American Journal of Nursing Film Library 10 Columbus Circle New York, New York 10019	CFI	Canadian Film Institute 303 Richmond Road Ottawa, Ontario, Canada
APGA	American Personnel and Guidance Association 1607 New Hampshire Avenue, N.W. Washington, D.C. 20009	CINE	Cine Associates 3102 M Street, N.W. Washington, D.C. 20007
AVLS	Audiovisual Library Service Continuing Education and Extension University of Minnesota 3300 University Avenue, S.E. Minneapolis, Minnesota 55414	CMH	Contemporary/McGraw-Hill 1221 Avenue of the Americas New York, New York 10020
BF	Boyd Films 1560 Selby Avenue St. Paul, Minnesota 55104	COR	Coronet Instructional Films 65 E. South Water Street Chicago, Illinois 60601
BU	Boston University Abraham Krasker Memorial Film Library School of Education 765 Commonwealth Avenue Boston, Massachusetts 02215	CSF	Center for Southern Folklore 1216 Peabody Avenue PO Box 4081 Memphis, Tennessee 38104
BYU	Brigham Young University Educational Media Services 290 HRVC Provo, Utah 84602	DDH	DeeDee Halleck Maple Shade Movies Stoney Point, New York 10980
CAP	Cinema Associate Productions PO Box 1542 East Lansing, Michigan 48823	EB	Encyclopedia Britannica Educational Corporation 425 N. Michigan Avenue Chicago, Illinois 60611
CAR	Carousel Films, Inc. 1501 Broadway New York, New York 10036	ECC	Eccentric Circle Cinema PO Box 4085 Evanston, Illinois 60204
		EDC	Education Development Center 39 Chapel Street Newton, Massachusetts 02160

FI	Film Images 220 W. 42nd Street New York, New York 10036	MMA	Mass Media Associates, Inc. 2116 N. Charles Street Baltimore, Maryland 21218
FML	Filmakers Library, Inc. 290 West End Avenue New York, New York 10023	MSU	Michigan State University Instructional Media Center East Lansing, Michigan 48823
HD	Hanick-Dacchille 810 W. 183rd Street New York, New York 10033	NAAJS	National Academy for Adult Jewish Studies 218 E. 70th Street New York, New York 10021
HMS	Harvard Medical School Department of Psychology Laboratory of Community Psychiatry 33 Fenwood Road Boston, Massachusetts 02115	NDF	New Day Films PO Box 315 Franklin Lakes, New Jersey
IFB	International Film Bureau 332 South Michigan Avenue Chicago, Illinois 60604	NFB	National Film Board of Canada 16th Floor 1251 Avenue of the Americas New York, New York 10020
ILL	University of Illinois Visual Aids Service 1325 South Oak Street Champaign, Illinois 61820	NTS	North Texas State University Denton, Texas 76203
IP	Ideal Pictures 321 W. 44th Street New York, New York 10036	ODF	Odeon Films 1619 Broadway New York, New York 10019
ISU	Iowa State University Media Resource Center 121 Pearson Hall Ames, Iowa 50010	PFD	Pictura Films Distribution Corp. 43 West 16th Street New York, New York 10011
IU	Indiana University Audio Visual Center Bloomington, Indiana 47410	PHF	Pheonix Films 743 Alexander Road Princeton, New Jersey 08540
LCA	Learning Corporation of America 711 Fifth Avenue New York, New York 10022	PHM	Prentice-Hall Media 150 White Plains Road Tarrytown, New York 10591
MAC	MacMillan/Audio Brandon Films, Inc. 34 MacQuestern Parkway, So. Mt. Vernon, New York 10550	PP	Paulist Productions PO Box 1057 Pacific Palisades, California 90272
MH	McGraw-Hill Text Films 330 W. 42nd Street New York, New York 10036	PSU	Pennsylvania State University Audio Visual Services 21 Willard Boulevard University Park, Pennsylvania 16802

PYR	Pyramid Film Productions PO Box 1048 317 Georgina Avenue Santa Monica, California 90406	UCB	University of California Extension Media Service Berkeley, California 94720
S	Swank Motion Pictures 201 S. Jefferson St. Louis, Missouri 63166	UI	University of Iowa Audio Visual Media Library C-5 East Hall Iowa City, Iowa 52542
SA	Salvation Army 120 W. 14th Street New York, New York 10011	UM	University of Michigan Audiovisual Education Center 416 Fourth Street Ann Arbor, Michigan 48104
SS	Social Security Administration Office of Administration Division of Training and Career Development 6401 Security Boulevard Baltimore, Maryland 21235	UMD	Center on Aging University of Maryland College Park, Maryland 20742
TCW	Twin Cities Women's Media Collection 929 Goodrich Avenue St. Paul, Minnesota 55005	UMTV	University of Michigan Television Center 400 Fourth Street Ann Arbor, Michigan 48109
TEL	Teleketics Marketing Department Franciscan Communication Center 1229 S. Santee Street Los Angeles, California 90015	UN	University of Nebraska Box 688 Omaha, Nebraska 68101
THE	Third Eye Films 12 Arrow Street Cambridge, Massachusetts 02138	USC	Division of Cinema Film Distribution Section University of Southern California Los Angeles, California 90007
TLF	Time-Life Multimedia Distribution Center 100 Eisenhower Drive Paramus, New Jersey 07652	VN	Video Nursing 2834 Central Street Evanston, Illinois 60201
TWY	Twyman Films, Inc. 329 Salem Avenue Dayton, Ohio 45401	WITF	WITF-TV Box 2 Hershey, Pennsylvania 17033
UA	United Artists 729 Seventh Avenue New York, New York 10019		
UAZ	University of Arizona Film Scheduling Office Bureau of Audio Visual Services Tucson, Arizona 85721		

BIBLIOGRAPHY

The bibliography contains approximately 1,000 references on middle-aged and older women. While this list is not exhaustive, it does provide a comprehensive compilation of books and articles on a variety of topics pertinent to women and the aging process.

References are listed alphabetically. For those readers who wish to examine references specific to a topic area, a coding system allows easy identification as follows:

- 01 cultural/social images and attitudes
- 02 demographic data
- 03 menopause and sexuality
- 04 health and medical issues
- 05 psychological issues
- 06 life patterns
- 07 family relationships
- 08 social networks
- 09 widowhood and death
- 10 legal issues
- 11 employment and retirement
- 12 social security and pensions
- 13 continuing education
- 14 ethnic and racial variations
- 15 other (general references that do not focus on one specific topic).

- (06) Abdo, E., Dills, J., Shectman, H., and Yanish, M. Elderly women in institutions versus those in public housing: comparison of personal and social adjustments. Journal of the American Geriatrics Society, 1973, 21(2), 81-87.
- (09) Abrahams, R.B. Mutual help for the widowed. Social Work, 1972, 17(5), 54-61.
- (12) Academe, 1978, 12(2), 9-11, A report: Supreme Court decides Manhart.
- (03) Acken, H.S., Jr. Estrogen replacement therapy. Obstetrics and Gynecology, 1969, 34, 46-49.
- (09) Adams, B.N. The middle class adult and his widowed or still-married mother. Social Problems, 1968, 16, 50-59.
- (15) Adams, G.M. and Devries, H.A. Physiological effects of an exercise training regimen upon women aged 52 to 79. Journal of Gerontology, 1973, 28(1), 50-55.
- (13) Adickes, S. and Worthman, E. Meeting the needs of working class women in post-secondary education. Paper presented at the conference on Women in Midlife Crises (Ithaca, New York, Oct. 28, 1976).
- (15) Administration on Aging. Meals and companionship for senior citizens. Administrative Papers. Washington, D.C.: AoA, 1972.
- (04) Advances in osteoporosis. Lancet, 1976, 1(7952), 181-182.
- (04) Albanese, A.A. Effect of calcium supplement on serum cholesterol, calcium, phosphorous and bone density of normal health elderly females. Nutritional Reports International, 1973, 8(2), 119-130.
- (04) _____. Problems of bone health in elderly. New York State Journal of Medicine, 1975, 75(3), 326-336.
- (10) Alexander, S. Shana Alexander's State-by-State Guide to Women's Legal Rights. Los Angeles: Wollstonecraft, Inc., 1975.
- (12) Allan, V.R. The economic and legal status of the older woman. In No Longer Young: The Older Woman in America. Ann Arbor: Institute of Gerontology, University of Michigan, 1975.
- (13) Allen, D.B. Vocational education: separate but not equal. Paper presented at Phi Delta Kappa symposium on Education: Past, Present and Future (Univ. of Minnesota, Minneapolis, Apr. 26, 1975).
- (04) Alvarez, W.C. Osteoporosis: a disease that attacks millions. Geriatrics, 1970, 25(7), 77-78.
- (08) _____. Trends in the social habits of elderly Americans. Geriatrics, 1972, 27(2), 77.
- (09) American Association of Retired Persons. Your Retirement Widowhood Guide. Washington, D.C.: AARP-NRTA, 1974.
- (13) American Chemical Society. Women's Service Committee. Retraining Programs for Women Chemists. Washington, D.C.: American Chemical Society, 1970.
- (15) Amundsen, K. The Silenced Majority: Women and American Democracy. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.
- (05) Anderson, B.G. Stress and psychopathology among aged Americans: an inquiry into the perception of stress. Southwestern Journal of Anthropology, 1964, 20, 190-217.
- (03) Anderson, C.J. Sexuality in the aged. Journal of Gerontological Nursing, 1975, 1(5), 6-10.
- (03) Anderson, T.W. Oral contraceptives and female mortality trends. Journal of the Canadian Medical Association, 1970, 102, 1156-1159.
- (13) Andrews, D.E. Continuing Education for Women at Mattatuck Community College. U.S., Educational Resources Information Center, ERIC Document ED 089 805, 1973.

- (03) Angaran, D. Geriatric therapy -- part II. Minnesota Pharmacist, 1976 (August).
- (02) Anonymous. Women top men in survival after midlife. Geriatrics, 1969, 24, 52.
- (02) _____. Why is male life span shorter? Medical World News, 1970, 11, 26.
- (09) _____. Reactions to widowhood in old age: survivor psychology prepared for loss of spouse. Geriatric Focus, 1972, 11, 2-3.
- (01) Antonucci, T. and Hoyer, F.W. The relationship between values and self esteem in three generations of women. Syracuse, N.Y.: Hetchings Psychiatric Center, Syracuse University, n.d.
- (09) Arling, G. The elderly widow and her family, neighbors, and friends. Journal of Marriage and the Family, 1976, 38(4), 757-767.
- (09) _____. Resistance to isolation among elderly widows. International Journal of Aging and Human Development, 1976, 7(1), 67-84.
- (13) Astin, H.S. Women: A Bibliography on Their Education and Careers. New York: Behavioral Publications, 1974.
- (05) Atchley, R.C. Age and suicide in the United States. Oxford, Oh.: Scripps Foundation Gerontological Center, 1974.
- (09) _____. Dimensions of widowhood in later life. Gerontologist, 1975, 15(2), 176-178.
- (11) _____. Orientation toward the job and retirement adjustment among women. In J.F. Gubrium (ed.), Time, Roles and Self in Old Age. New York: Behavioral Publications, 1976.
- (11) _____. Selected social and psychological differences between men and women in later life. Journal of Gerontology, 1976, 31(2), 204-211.
- (06) Athearn, L.M. What Every Formerly Married Woman Should Know: Answers to the Most Intimate Questions Formerly Married Women Ask. New York: David McKay, 1973.
- (03) Auerback, A. Sexual patterns in later years of life. Arizona Medicine, 1970, 27, 13-16.
- (03) Avioli, L.V. Senile and postmenopausal osteoporosis. Advances in Internal Medicine, 1976, 21, 391-415.
- (07) Axelson, L.L. Personal adjustments in postparental period. Marriage and Family Living, 1960, 22, 66-70.

- (03) Babidson, B. Menopause - is there a cure? Saturday Evening Post, 1967, 240, 70-72.
- (07) Back, K.W. Transition to aging and the self image. Aging and Human Development, 1971, 2(4), 296-304.
- (06) Baker, L.B., Jr. The personal and social adjustment of the never-married woman. Journal of Marriage and the Family, 1968, 30(3), 473-479.
- (03) Bakke, J.L. A double-blind study of a progestin-estrogen combination in the management of menopause. Pacific Medical Surgery, 1965, 73, 200-205.
- (03) Ballard, L.A. Gynecologic surgery in the aged. Geriatrics, 1969 24(4), 172-178.
- (07) Bancroft, A. V. Now she's a disposition problem. Perspectives in Psychiatric Care, 1971, 9(3), 96-102.
- (03) Bardwick, J. Psychology of Women. New York: Harper and Row, 1971.
- (13) Baribien, M. N. Counseling the mature woman. Adult Leadership, 1971, 20(5), 187-189.
- (15) Barnard, C.J. The helping of Mrs. X. Nursing Times, 1974, 70(46), 1772-1773.
- (03) Barnes, A.C. Climacteric. Obstetrics and Gynecology, 1968, 32 437-439.
- (06) Barnett, R. C. Will the real middle-aged woman please stand up? Toward an understanding of adult development in women. Paper presented at the annual meeting of the Eastern Psychological Association (New York, N.Y., April 22-24, 1976).
- (10) Baron, A.S. and Reeves, E.T. How effective has affirmative action legislation been? Personnel Administrator, 1977, 22(1), 47-49.
- (13) Barrett, C.F. The mature woman in the classroom. Journal of Business Education, 1974, 49(7), 267-288.
- (09) Barrett, C.J. A Comparison of Therapeutic Interventions for Widows. Los Angeles: Psychology Department, University of Southern California, 1973.
- (06) Bart, P. Why women's status changes in middle age: the turns of the social ferris wheel. Sociological Symposium, 1969, 3, 1-18.
- (05) _____. Portnoy's mother's complaint. Trans-Action, 1970, 8(1-2), 69-74.
- (05) _____. Depression in middle-aged women. In Women in Sexist Society: Studies in Power and Powerlessness. Gornick and Moran, eds. New York: Basic Books, 1971.
- (03) Bart, P. and Grossman, M. Menopause. Draft of chapter to appear in M.T. Notman and Carol Nadelson, eds. The Woman as Patient. Plenum Press (forthcoming).
- (03) Bartter, F. C. Bone as a target organ: Toward a better definition of Osteoporosis. Perspectives in Biology and Medicine, 1973, 16, 215-231.
- (03) Bastani, J.B. Sexuality in later life. Nebraska Medical Journal, 1977, 62(3), 62-64.
- (03) Beck, A.T. Sexuality and depression. Medical Aspects of Human Sexuality, 1968, 2, 44-51.
- (03) Bedford, J.R. An attempt to eliminate the menopause and its consequences. Postgraduate Medical Journal, 1967, 42 (December supplement), 51-54.

- (01) Beeson, D. Women in studies of aging: a critique and suggestion. Social Problems, 1975, 23(1), 52-59.
- (12) Bell, C.S. Social Security: society's last discrimination. Business and Society Review, 1972, 3, 45-47.
- (01) Bell, P. The double standard, Trans-Action, 1970, 8, 75-80. (Reprinted in Jo Freeman, Women: A Feminist Perspective. Mayfield Publishing Co., 1975; B.B. Hess (ed.). Growing Old in America. New Brunswick, N.J. Transaction Books, 1976).
- (15) Bell, J.N. The woman who refused to give up. Family Health, 1976, 32-35.
- (07) Bellin, S. and Hardt, R. Marital status and mental disorders among the aged. American Sociological Review, 1958, 23(2), 155-162.
- (03) Belliveau, F. and Richter, L. Understanding Human Sexual Inadequacy. Boston: Little, Brown, 1970.
- (15) Bellucci, G. and Hoyer, W.J. Feedback effects on the performance and self-reinforcing behavior of elderly and young adult women. Journal of Gerontology, 1975, 30(4), 456-460.
- (13) Bengelsdorf, W. Women's Stake in Low Tuition. Washington, D.C.: American Association of State Colleges and Universities, 1974.
- (09) Bengtson, V.L., Kasschau, L., and Ragan, P.K. "The impact of social structure on aging individuals." Handbook of the Psychology of Aging. New York: Van Nostrand Reinhold Co., 1977.
- (15) Bennett, A.E. Psychiatric management of geriatric depressive disorders, Diseases of the Nervous System, 1973, 34(5), 222-225.
- (05) Benson, R. and Brodie, D. Suicide by overdoses of medicines among the aged. Journal of the American Geriatrics Society, 1975, 23(7), 304-308.
- (09) Berardo, F.M. Widowhood status in the United States: perspective on a neglected aspect of the family life-cycle. Family Coordinator, 1968, 17, 191-203.
- (09) _____. Social adaptation to widowhood among a rural-urban aged population. Washington Agricultural Experiment Station Bulletin 689. Pullman, Washington: Washington State University, 1967.
- (09) _____. Survivorship and social isolation: the case of the aged widower. The Family Coordinator, 1970, 19, 11-25.
- (09) _____. Widowhood status in the United States: perspective on a neglected aspect of the family life cycle. The Family Coordinator, 1968, 17, 191-203.
- (03) Berezin, M.A. Sex and old age: a review of the literature. Journal of Geriatric Psychiatry, 1969, 2, 139-149.
- (03) _____. Normal psychology of the aging process, revisited-- I: sex and old age: a further review of the literature. Journal of Geriatric Psychiatry, 1976, 9(2), 189-209.
- (03) Bergevin, R. The increasing problems of malignancy in the elderly, The Medical Clinics of North America, 1976, 60(6), 1241-1251.
- (01) Bergquist, L. Recycling lives. Ms. Magazine, 1973, 2(2), 58-61+.
- (03) Berlin, H. Effect of human sexuality on well-being from birth to aging. Medical Aspects of Human Sexuality, 1976, 10(7), 14-15, 21-25.
- (07) Bernard, J. The paradox of the happy marriage. In Gornick and Moran (eds.), Women in Sexist Society: Studies in power and powerlessness. New York: Basic Books, 1971.

- (07) Bernard, J. The Future of Marriage. New York: World, 1972.
- (01) _____. Age, sex and feminism. The Annals of the American Academy of Political and Social Science, 1974, 415, 120-137.
- (05) _____. Homosexuality and female depression. Journal of Social Issues, 1976, 32(4), 213-237.
- (11) Bernstein, M. Forecast of women's retirement income: cloudy and colder; 25 percent chance of poverty. Industrial Gerontology, 1974, 1(2), 1-13.
- (13) Berry, J. Counseling older women: a perspective. Personnel and Guidance Journal, 1976, 55(3), 130-131.
- (03) Birnbaum, S.J. Geriatric gynecology. In A.B. Chinn (ed.), Working with Older People: A Guide to Practice. Volume IV. Clinical Aspects of Aging, 1971, US Public Health Service, Publication No. 1459, 149-155.
- (12) Bixby, L.E. Income of people aged 65 and older: overview from 1968 survey of the aged. Social Security Bulletin, 1970 33(4), 3-27.
- (12) _____. Women and social security in the United States. Social Security Bulletin, 1972, 35(9), 3-11.
- (07) Blackman, D., Howe, M., and Pinkston, E.M. Increasing participation in social interaction of the institutionalized elderly. The Gerontologist, 1976, 16(1, part I).
- (12) Blackwell, K. and Ferguson, K. Pensions: are there holes in your security blanket? Ms. Magazine, 1973, 2(4), 14-18.
- (09) Blau, D. On widowhood: a discussion. Journal of Geriatric Psychiatry, 1975, 8(1), 29-40.
- (03) _____. Normal psychology of the aging process, revisited--I; discussion. Journal of Geriatric Psychiatry, 1976, 9(2), 177-188.
- (01) Blau, Z. Changes in status and age identification. American Sociological Review, 1956, 21(2), 198-203.
- (08) _____. Old Age in A Changing Society. New York: Franklin Watts, 1973.
- (08) _____. Structural constraints on friendship in old age. American Sociological Review, 1961, 26, 429-439.
- (09) Blauner, R. Death and social structure. In Neugarten, Bernice L. (ed.), Middle Age and Aging. Chicago: The University of Chicago Press, 1968.
- (03) Blazer, D. Adding life to years: late life sexuality and patient care. Nursing Care, 1977, 10(7), 28-29, 42-43.
- (05) Bock, E. Aging and suicide. The significance of marital, kinship and alternative relations. Family Coordinator, 1972, 21(1), 71-79.
- (05) Bock, E.W. and Webber, I.L. Suicide among the elderly: isolating widowhood and mitigating Alternatives. Journal of Marriage and the Family, 1972, 34(1), 24-31.
- (13) Bolton, G. Re-Entry Women: Some Programmatic Considerations. Davis: University of California, 1975.
- (05) Borgman, D. Medication abuse by middle-aged women. Social Casework, 1973, 54(9), 526-532.
- (03) Boston Women's Health Book Collective. Our Bodies, Ourselves. (Rev. Ed.). New York: Simon and Schuster, 1976.

- (03) Botwinick, J. Drives, expectancies and emotions. In Handbook of Aging and the Individual. Edited by James Birren. Chicago: University of Chicago Press, 1959.
- (03) _____. Sexuality and sexual relations. Aging and Behavior: A Comprehensive Integration of Research Findings. New York: Springer Publishing Co., 1973.
- (02) Bouvier, L., Atlee, E. and McVeigh, F. The elderly in America. Population Bulletin, 1975.
- (06) Brand, F. and Smith, R. Life adjustment and relocation of the elderly. Journal of Gerontology, 1974, 29(3), 336-340.
- () Brandenburg, J. B. "The needs of women returning to school." Personnel and Guidance Journal, 1974, 53(1), 11-18.
- (13) Brandon, G. Research Visibility: Educating Women for the World of Work. Washington, D.C.: American Vocational Association, December 1970.
- (14) Bremer, T.H. and Ragan, P.K. The effect of the empty nest on the morale of Mexican American and white women. Paper presented at the 30th annual meeting of the Gerontological Society. (San Francisco, Nov. 1977).
- (05) Brenneis, C. Developmental aspects of aging in women: a comparative study of dreams. Archives of General Psychiatry, 1975, 32(4) 429-435.
- (07) Brody, E.M. Congregate care facilities and mental health of the elderly. Aging and Human Development, 1970, 1(4), 279-321.
- (09) _____. A Social Work Guide for Long-Term Care Facilities. Rockville, Maryland: National Institute of Mental Health, 1974.
- (07) _____. Kleban, M.H., Lawton, M.P., Levy, R., and Waldow, A. Predictors of mortality in the mentally-impaired institutionalized aged. Journal of Chronic Diseases, 1972, 25(10-11), 611-620.
- (07) _____. Kleban, M.H., Lawton, M.P. and Moss, M. A longitudinal look at excess disabilities in the mentally impaired aged. Journal of Gerontology, 1974, 29(1), 79-84.
- (02) Brotman, B. The aging: who and where. Perspectives on Aging, 1973, 2(1), 8-12.
- (01) Brown, C.L. "Agism and the women's movement." In J.R. Leppaluoto et. al. (eds.), Women on the Move. Eugene, Ore.: University of Oregon, 1973.
- (09) Bull, H.W. Widowhood: A Way Out of the Maze. Portsmouth, N.H.: The Institute Press, 1974.
- (13) Bunting, M.I. The Radcliffe Institute For Independent Study. The Educational Record, 1961, 42(4), 279-286.
- (03) Burch, J.C. and Byrd, B.F. Effects of long-term administration of estrogen on occurrence of mammary cancer in women. American Surgery, 1971.
- (03) Burdick, D. Rehabilitation of the breast cancer patient. Cancer, 1975, 36(2, supplement), 645-648.
- (07) Burr, W.R. Satisfaction with various aspects of marriage over the life cycle: a random middle-class sample. Journal of Marriage and the Family. 1970, 32, 29-37.
- (03) Butler, C.A. New data about female sexual response. Journal of Sex and Marital Therapy, 1976, 2(1), 40-46.

- (15) Butler, R. Why Survive? Being Old In America. New York: Harper and Row, 1975.
- (15) _____. and Lewis, M. Aging and Mental Health: Positive Psychosocial Approaches. St. Louis: C.V. Mosby Co., 1973; revised, 1977.
- (03) _____. and Lewis, M. Sex After Sixty: A Guide For Men and Women In Their Later Years. New York: Harper and Row, 1976.

- (09) Caine, L. Widow. New York: William Morrow and Co., Inc., 1974.
- (09) _____. Lifelines. New York: Doubleday and Co., Inc., 1978.
- (03) Calderone, M.S. Sexual problems in medical practice. Journal of the American Medical Women's Association, 1968, 23, 140-146.
- (03) _____. Sexuality and the later years. In Learning for Aging. U.S. Educational Resources Information Center, 1974.
- (11) California Legislature. Joint Committee on Legal Equality. The re-entering woman: from housewife to career. Transcript of hearing (San Jose, California, Mar. 15, 1974).
- (10) _____. Joint Committee on Legal Equality. The special needs of older women. Transcript of hearing (Concord, California, Apr. 20, 1974).
- (01) Cameron, P. Masculinity-femininity in the aged. Journal of Gerontology, 1968, 23(1), 63-65.
- (05) _____. Mood as an indicant of happiness: age, sex, social class, and situational differences. Journal of Gerontology, 1975, 30(2), 216-224.
- (03) _____ and Biber, H. Sexual thought throughout the life-span. Gerontologist, 1973, 13, 144-147.
- (03) Cancer risks from hormone treatment. British Medical Journal, 1975, 4(5997), 608.
- (08) Caplow, T. Disaffiliation Among Urban Women. New York: Columbia University, 1970.
- (04) Carbary, L.J. The hysterectomy patient. Nursing Care, 1975, 8(2), 8-12.
- (13) Carp, F.M. Employed women as a transportation-deprived and transit-dependent group. Technical Memorandum No. TM 4-1-74. Washington, D.C.: U.S. Dept. of Transportation, 1974.
- (08) _____. Housing and living environments of older people. In R.H. Binstock and E. Shanas (eds.), Handbook of Aging and the Social Sciences. New York: Van Nostrand Reinhold Co., 1976.
- (03) Carr, C.M. Sexual problems seen in family practice. Journal of the Tennessee Medical Association, 1976, 69(12), 847-848.
- (11) Carrington, R. Work and the older woman: reckoning with reentry. Women's Work. 1977, 3(6), 16-19+.
- (03) Carson, R. Your Menopause. Public Affairs pamphlet no. 447. New York: Public Affairs Committee, 1970.
- (07) Cavar, R. Self and role in adjustment during old age. In J. Heiss (ed.), Family Roles and Interaction. Chicago: Rand McNally and Co., 1968.
- (07) _____. Speculations on innovations to conventional marriage in old age. Gerontologist, 1973, 13(4), 409-411.
- (03) Change of life. Good Health, 1969, 165, 10.
- (03) Chapman, R.H. Comment and controversy -- no longer at risk: sex among the elderly. Family Planning Perspectives, 1976, 8(5), 253.
- (05) Charalampous, K.D., Ford, B.K., and Skinner, T.J. Self-esteem in alcoholics and non-alcoholics. Journal of Studies in Alcoholism, 1976, 37(7), 990-994.
- (05) Charatan, F.B. Depression in old age. New York State Journal of Medicine, 1975, 75(14), 2505-2509.
- (03) Chartham, R. Sex and the Over-Fifties. New York: Brandon Books, 1969.
- (03) Cherry, S.H. The Menopausal Myth. New York: Ballantine, 1976.
- (05) Chesler, P. Women and Madness. New York: Avon, 1972.
- (09) Chevan, A. and Korsen, J.H. The widowed who live alone: an examination of social and demographic factors. Social Forces, 1972, 51(1), 45-53.

- (03) Christensen, C. Sexual patterns in a group of older never-married women. Journal of Geriatric Psychiatry, 1973, 6(1), 80-98.
- (03) _____ and Gagnon, J. Sexual behavior in a group of older women. Journal of Gerontology, 1965, 20(3), 351-356.
- (11) Clague, E., Palraj, P., and Kramer, L. The Aging Worker and the Union: Employment and Retirement of Middle-Aged and Older Workers. New York: Praeger, 1971.
- (13) Clarenbach, K.F. Can continuing education adapt? American Association of University Women Journal, 1970, 63(2), 62-65.
- (05) Clark, A.N.G., Manikar, C.B., and Gray, I. Gross self-neglect late in life may be a reaction to stress. Lancet, 1975, 1, 366-368.
- (14) Clark, M. The anthropology of aging. In B. Neugarten (ed.), Middle Age and Aging. Chicago: University of Chicago Press, 1968.
- (06) _____. Cultural values and dependency in later life. In D.O. Cowgill and L.D. Holmes (eds.), Aging and Modernization. New York: Appleton-Century Crofts, 1972.
- (09) _____ and Anderson, B. Culture and Aging. Springfield, Ill.: Charles C. Thomas, 1967.
- (07) Claven, S. and Vatter, E. The affiliated family: a device for integrating old and young. Gerontologist, 1972, 12, 407-412.
- (03) Clay, V.S. Women: Menopause and Middle Age. Pittsburgh: Know, Inc., 1978.
- (09) Clayton, P.J. Mortality and morbidity in the first year of widowhood. Archives of General Psychiatry, 1974, 30(6), 747-750.
- (09) _____, Halikas, J.A., and Maurice, W.L. The depression of widowhood. British Journal of Psychiatry, 1972, 120, 71-77.
- (09) _____, Halikas, J.A., Maurice, W.L., And Robins, E. Anticipatory grief and widowhood. British Journal of Psychiatry, 1973, 122, 47-51.
- (13) Clements, K. Emotional characteristics of mature women students in education. Paper presented at the American Educational Research Association (Chicago, Illinois, April 15-19, 1974).
- (09) Cleveland, W.P. and Gianturco, D.T. Remarriage probability after widowhood: a retrospective method. Journal of Gerontology, 1976, 31(1), 99-103.
- (03) Cocke, W.M. Reconstruction of the breast following radical mastectomy. Journal of the Tennessee Medical Association, 1975, 68(1), 15-16.
- (03) Cohen, W.J. Social security: next steps. In No Longer Young: The Older Woman in America. Ann Arbor: Institute of Gerontology, University of Michigan, 1975.
- (03) Cole, T.M. and Cole, S.S. Sexuality and physical disabilities: the physician's role. Minnesota Medicine, 1977, 60(7, part I), 525-529.
- (14) Coles, R. The Old Ones of New Mexico. Albuquerque: University of New Mexico Press, 1973.
- (01) Collette, P.C. Attitudinal predictors of devaluation of old age in a multigenerational sample. Journal of Gerontology, 1976, 31(2), 193-197.
- (03) Comfort, A. Sexuality in old age. Journal of the American Geriatrics Society, 1974, 22(10), 440-442.
- (13) Conklin, F. Should retired women live together? NRTA Journal, 1974, 25, 19-20.
- (12) Cook, A.H. The Working Mother. Ithaca: Cornell University, 1975.

- (03) Coope, J., Thompson, J.M., and Poller, L. Effects of natural oestrogen replacement therapy on menopausal symptoms and blood clotting. British Medical Journal, 1975, 4(5989), 139-143.
- (15) Cooper, W. Don't Change: A Biological Revolution for Women. New York: Stein and Day, 1975.
- (03) Cooper, W.H. Husbands' Guide to Menopause. New York: Essandess (Simon and Schuster), 1969.
- (11) Cooperman, I.G. Second careers -- war wives and widows. Vocational Guidance Quarterly, 1971, 20(2),
- (11) Coser, R.L. and Rokoff, G. Women in the occupational world: social disruption and conflict. Social Problems, 1971, 18(4), 535-554.
- (07) Cosneck, B.J. Family patterns of older widowed Jewish people. The Family Coordinator, 1970, 19(4), 368-373.
- (05) Costello, C.G. and Comrey, A.L. Costello-Comrey depression scale. Journal of Psychology, 1967, 66, 303-313.
- (03) Costello, M.K. Sex, intimacy and aging. American Journal of Nursing, 1975, 75(8), 1330-1332.
- (07) Cottrell, L.S. Jr. The adjustment of the individual to his age and sex roles. American Sociological Review, 1942, 11, 617-620.
- (14) Council for Jewish Federations and Welfare Funds. The Jewish Aging: Facts for Planning. New York: Council for Jewish Federations and Welfare Funds, n.d.
- (11) Coyle, J.M. and Fuller, M.M. Women's work and retirement attitudes. Paper presented at the annual meeting of the Gerontological Society (San Francisco, California, Nov. 18-22, 1977).
- (09) Cox, P.R. and Ford, J.R. The mortality of widows shortly after widowhood. Lancet, 1964, 163-164.
- (05) Craddick, R.A., Leipold, V., and Leipold, W.D. Effect of role empathy on human figures drawn by women alcoholics. Journal of Studies on Alcohol, 1976, 37(1), 90-97.
- (04) Craig, T.J. Epidemiological comparison of breast cancer patients with early and late onset of malignancy and general population controls. Journal of the National Cancer Institute, 1974, 53(6).
- (03) Crawford, M.P. and Hooper, D. Menopause, aging and family. Social Science and Medicine, 1973, 7(6), 469-482.
- (03) Crile, G. Jr. What Every Woman Should Know About the Breast Cancer Controversy. New York: Pocket Books, 1974.
- (01) Cross, J.F. and Cross, J. Age, sex, race, and the perception of facial beauty. Developmental Psychology, 1971, 5, 433-439.
- (13) Cullinan, B.E. and Ferber, Z. The Sarah Lawrence-New York University Teacher Education Program, 1963-1969: An Evaluative Profile. New York: New York University, 1969.
- (15) Cumming, E. and Henry, W. Growing Old. New York: Basic Books, Inc., 1961.
- (05) Curlee, J. Alcoholism and the empty nest. Bulletin of the Menninger Clinic, 1969, 33(3), 165-171.
- (06) Curtin, S.R. Nobody Ever Died of Old Age. Boston: Little, Brown, 1972.

- (09) Dalski, V.A. and Troll, L. The voter participation of widowed women. Gerontologist, 1973, 13(3, part II), 69.
- (05) Daly, R.J. and Cochrane, C.M. Affective disorder taxonomies in middle-aged females. British Journal of Psychiatry, 1968, 114, 1295-1297.
- (14) Dancy, J. Jr. The Black Elderly: A Guide for Practitioners. Ann Arbor: Institute of Gerontology, University of Michigan, 1977.
- (04) Daniell, H.W. Osteoporosis and smoking. Journal of the American Medical Association, 1972, 221(5), 509.
- (13) Davidson, S.H. and Shoenhafer, M.T. New VIEW: Vocational Internship Education for Women. New York: Carnegie Corporation, 1976.
- (03) Davis, M.E. and Meilach, D.Z. A Doctor Discusses Menopause and Estrogen. Chicago: Budlong Press, 1977.
- (03) Dean, S.R. Geriatric sexuality: normal, needed, and neglected. Geriatrics, 1974, 29(7), 134-137.
- (15) DeBeauvoir, S. The Second Sex (translated and edited). New York: Parksley, Knopf, 1953.
- (15) _____. The Coming of Age. New York: Putnam, 1972.
- (02) Deibel, A.W. Geriatrics: statistics on the population and characteristics of the elderly in the United States. Journal of Psychiatric Nursing and Mental Health Services, 1974, 12(1), 47-48.
- (03) Delaney, J., Lupton, M.J., and Toth, F. The Curse. New York: E.P. Dutton and Co., 1977.
- (02) Demographic Yearbook 1970. New York: United Nations, 1971.
- (03) Denber, H.C. Sexual problems in the mature female. Psychosomatics, 1968, 9, 40-43.
- (13) Denker, E.R. and Tittle, C.K. Studies of the use of the Kuder occupational interest survey with mature women. Paper presented at the annual convention of the American Psychological Association (Washington, D.C., Sept. 3-7, 1977).
- (13) Denmark, F.L. and Guttentag, M. Dissonance in the self-concepts and educational concepts of college- and non-college-oriented women. Journal of Counseling Psychology, 1967, 14(2), 113-115.
- (07) Denne, J.M. Mothers don't have long hair: an exploratory study of preschool perceptions of mother. Chicago: Northeastern Illinois University, 1975.
- (13) Dennis, L.E. Education and A Woman's Life. Washington, D.C.: American Council on Education, 1963.
- (05) DeRosis, H. and Pellegrino, V.Y. The Book of Hope. New York: Bantam Books, 1977.
- (07) Derx, E.I. Recreational activity for institutionalized children or adults. Journal of Psychiatric Nursing and Mental Health Services, 1972, 10(6), 12-14.
- (03) Detre, T. Severe emotional reactions precipitated by the climacterium. Psychosomatics, 1968, 9, 31-35.
- (01) Deutsch, D. Woman's role: an Adlerian view. Journal of Individual Psychology, 1970, 26(2), 122.
- (03) Deutsch, H. The Psychology of Women: A Psychoanalytical Interpretation. Vol. 2. New York: Grune and Stratton, 1944.
- (07) Deutscher, I. Socialization for the post-parental life. Human Behavior and Social Process, A. Rose, ed. Boston: Houghton Mifflin, 1962.
- (07) _____. The quality of post-parental life. Journal of Marriage and the Family, 1964, 26, 52-59.
- (07) _____. From parental to post-parental life: exploring shifting expectations. Sociological Symposium, 1969, 3, 47-60.

- (13) Diamond, E.E. Issues of Sex Bias and Sex Fairness in Career Interest Measurement. U.S. Educational Resources Information Center, ERIC Document ED 113 609, 1975.
- (15) Diamonstein, B. Open Secrets: 94 Women in Touch with Our Time. New York: Viking, 1973.
- (05) Diekelmann, N. The middle years: emotional tasks of the middle adult. American Journal of Nursing, 1975, 75(6), 997-1001.
- (01) _____ and Galloway, K. The middle years: a time of change. American Journal of Nursing, 1975, 75(6), 994-996.
- (03) Dodge, E.F. The Doctor Talks About Menopause. New York: American Medical Women's Association, 1967.
- (13) Dolan, E.F. Women's continuing education: some national resources. Journal of the National Association of Women Deans and Counselors, 1965, 29(1), 34-58.
- (13) _____. Counseling Techniques for Mature Women. U.S. Educational Resources Information Center, ERIC Document ED 014 106, 1966.
- (03) Dominian, J. The role of psychiatry in the menopause. Clinical Obstetrics and Gynecology, 1977, 4(1), 241-258.
- (15) Doty, B.A. A Study of the Characteristics of Women Who Begin Teaching After Age Thirty-Five. U.S. Educational Resources Information Center, ERIC Document ED 030 585, 1968.
- (15) _____. Predictions of teaching effectiveness of women who begin teaching after age thirty-five. Journal of Teacher Education, 1970, 21(4), 519-525.
- (03) Dowty, N., Maoz, B., Antonovsky, A., and Wijnenbeek, H. Climacterium in three cultural contexts. Tropical and Geographical Medicine, 1970, 22, 77-86.
- (03) Dresen, S.E. The middle years: the full life. American Journal of Nursing, 1975, 75(6), 1008-1011.
- (03) _____. The middle years: the sexually active middle aged adult. American Journal of Nursing, 1975, 75(6), 1001-1005.
- (07) Dressler, D.M. Life adjustment of retired couples. International Journal of Aging and Human Development, 1973, 4(4), 335-349.
- (05) _____, Donovan, J.M., and Geller, R.A. Life stress and emotional crisis: the idiosyncratic interpretation of life events. Comprehensive Psychiatry, 1976, 17(4), 549-558.
- (15) Drinkwater, B.L. Aerobic power of females, ages 10 to 68. Journal of Gerontology, 1975, 30, 385-394.
- (04) Dudl, R.J., Ensinck, J.W., Baylink, D., Chestnut, C.H. III, Sherrard, D., and Nelp, W.B. Evaluation of intravenous calcium as therapy for osteoporosis. American Journal of Medicine, 1973, 55, 631-637.
- (06) Dunkle, R.E. Role discontinuity as it effects changes in adjustment of women to aging. Gerontologist, 1973, 13(3, part II), 86.
- (09) Durlak, J.A. Relationship between attitude toward life and death among elderly women. Developmental Psychology, 1973, 8(1), 146.

- (13) Eason, J. Life style counseling for a reluctant leisure class. Personnel and Guidance Journal, 1972, 51(2), 127-132.
- (13) Eckard, P.J. Developmental tasks of older female students in undergraduate education. U.S. Educational Resources Information Center, ERIC Document, ED 138 179, April 5, 1977.
- (14) Ehrlich, Ira F. "Toward a social profile of the aged black population in the United States: An exploratory study." International Journal of Aging and Human Development, 1973 4(3), 271-276.
- (06) The Elderly in the Inner City. Washington, D. C.: Social and Rehabilitation Service Administration, 1972.
- (13) Elliot, J.M. and Mantz, M. The mature woman and the community college. Community College Frontiers, 1976, 4(2), 35-41.
- (13) Elshof, A. & Konek, C. "Providing a re-entry bridge for women: a need-centered continuing education program." Adult Leadership, 1977, 25(8), 239-241.
- (13) Eltzroth, M. Vocational counseling for ghetto women with prostitution and domestic service backgrounds. Vocational Guidance Quarterly, 1973, 22(1), 32-38.
- (07) Ernst, M. Self-esteem among older institutionalized females. Dallas, Texas: Dallas Geriatric Research Institute, 1974.
- (03) Ervin, C.V. Psychologic adjustment to mastectomy. Human Sexuality, 1973, 7.
- (14) Estrada, L. The Spanish origin elderly: a demographic survey 1970-1975. Aging Research Utilization Report, 1977, 4(1) 13-14.
- (03) Estrogen Therapy: The dangerous road to Shangri-La. Consumer Reports, 1976, 41(11), 642-745.
- (03) Eternal Youth. Lancet, 1975, 1(7919) 1282-1283.
- (10) Ethel Percy Andrus Gerontology Center. Advocacy and age: Issues Experiences, Strategies. Los Angeles: Ethel Percy Andrus Center, 1976.
- (03) Eton, B. Gynecologic surgery in elderly women. Geriatrics, 1973, 28 (11), 119-123.
- (13) Ewalt, D.C. Continuing Education for Women in Ohio: A Study Project of the Ohio Division, American Association of University Women. U. S., Educational Resources Information Center, ERIC Document, ED 021 196, April 1965.
- (03) Exton-Smith, A.N., Hodkinson, H.M. and Stanton, B.R. Nutrition and metabolic bone disease in old age. Lancet, 1966, 2, 999.

- (13) Fagin, M.D. Analysis of the performance of adult women in Missouri on three general examinations of the college level Examination Program. Adult Education, 1971, 21(3), 148-165.
- (05) Fann, W.E. and Wheless, Jeanine C. Depression in elderly patients. Southern Medical Journal, 1975, 68(4), 468-473.
- (13) Farmer, H. S. Career Counseling. In Clare Rose (ed.) New Direction for Higher Education. Washington, D.C.: Jossey - Bass Inc., 1975.
- (14) Faulkner, A.O., Heisel, M.A. and S. mms, P. Life strengths and life stresses: explorations in the measurement of the mental health of the black aged. American Journal of Orthopsychiatry, 1975, 45(1), 102-110.
- (10) Federal Council on the Aging. National Policy Concerns for Older Women: Commitment to a Better Life. Washington, D.C.: DHEW Publication No. (OHD) 76-20956.
- (03) Feminine Forever--Estrogen Therapy. Newsweek, 1967, 69, 55.
- (07) Fengler, A.P. Attitudinal orientations of wives toward their husbands' retirement. International Journal of Aging and Human Development, 1975, 6, 139-152.
- (12) Ferron, D.T. Disabled Widows. U.S. Social Security Administration. (Report No. 22) Washington, D.C.: GPO, November, 1972.
- (09) Feurey, B. Making widowhood work. Retirement Living, 1973, 13(3), 55-57.
- (07) Finkelhor, D.C. The Liberated Grandmother. New York: Prince Communications, Inc., 1975.
- (12) Fischer, D.H. Investing in the eighties. Quest, 1978, 2(2).
- (07) Fitzmartin, S., Magaziner, S., Mausner, S., DiCarlo, E., Wilbach, T., and Rovine, M. Effects of Touch on Social Interaction: A Preliminary Investigation. Philadelphia, Pennsylvania: The Philadelphia Geriatric Center, 1974.
- (03) Flint, M. The menopause: reward or punishment? Psychosomatics, 1975, 16(4), 161-163.
- (11) Fogarty, M.P. Sex, Career and Family. Beverly Hills, California: Sage, 1971.
- (15) Forusz, J.P. Speech: An Opening or a Dead End for Married Women. U.S. Educational Resources Information Center, ERIC Document ED 093 017, March, 1974.
- (01) Fowler, M.G. and Van de Riet, H.K. Women today and yesterday: an examination of the feminist personality. Journal of Psychology, 1972, 82(2), 269-276.
- (02) Fowles, D.G. Estimates of the Size and Characteristics of the Older Population in 1974 and Projections to the Year 2000. Statistical Memo No. 31. Washington, D.C.: Department of Health, Education and Welfare, 1975.
- (12) Franklin, P.A. Disabled widow (social security benefits). Social Security Bulletin, 1975, 38(1), 20-27.
- (10) Freeman, J. "Sexual caste system." Valparaiso University Law Review, 1971, 5(2), 203-236.
- (15) Fried, B.R.S. The Middle-Age Crisis. New York: Harper and Row, 1967.
- (09) Fried, E. and Stern, K. The situation of the aged within the family. American Journal of Orthopsychiatry, 1948, 18, 31-54.

- (01) Friedan, B. The Feminine Mystique. London: Victor Gollancz 1963.
- (06) Frieden, E. Social differences and their consequences for housing the aged. Journal of the American Institute of Planners, May, 1960.
- (07) Friedman, J.H. and Bowes, N. Experience of a geriatric crisis intervention screening team. Journal of Psychiatric Nursing and Mental Health Services, 1971, 9(5), 11-17.
- (07) Frohlich, P., Burdette, M.E., Cormier, R.H., and Matthews, M.T. The 1967 National Survey of Institutionalized Adult Residents of Long-Term Medical Care Institutions. Washington, D.C.: HEW, Social Security Administration, Office of Research and Statistics, 1974.
- (06) From Storage Bins to Foster Homes for Adults. Washington, D.C.: Social and Rehabilitation Service Administrator, 1972.
- (01) Fromme, A. A Woman's Critical Years. New York, Grosset, 1972.
- (15) Fuchs, E. The Second Season: Life, Love and Sex - In The Middle Years. Garden City, New York: Anchor Press/Doubleday, 1977.
- (12) Fuchs, V.R. Women's earnings: recent trends and long-run prospects. Monthly Labor Review, 1974, 97(5), 23-26.
- (11) Fullerton, H.N. Jr., and Byrne, J.J. Length of working life for men and women, 1970. Monthly Labor Review, 1976, 31-34.

- (14) Gaitz, C.M. and Scott, J. Mental health of Mexican-Americans: do ethnic factors make a difference? Geriatrics, 1974, 29(11), 103-110.
- (06) _____. Analysis of letters to "Dear Abby" concerning old age. Gerontologist, 1975, 15(1), 47-50.
- (03) Galloway, K. The middle years: the change of life. American Journal of Nursing, 1975, 75(6), 1006-1008.
- (05) Garai, J.E. Sex differences in mental health. Genetic Psychology Monographs, 1970, 81, 123-142.
- (14) Gee, E. Issei: the first women. Civil Rights Digest, 1974, 6(3), 48-53.
- (13) Geisler, M.P. and Thrush, R.S. Counseling experiences and needs of older women students. Journal of the NAWDAC, 1975, 39(1), 3-7.
- (07) Gelfand, D., Olsen, J.K., and Block, M.R. Two generations of elderly in the changing American family: implications for family services. The Family Coordinator, 1978 (forthcoming in Oct.).
- (09) Gerber, I. Anticipatory grief and aged widows and widowers. Journal of Gerontology, 1975, 30(2), 225-229.
- (08) Gersuny, C. The rhetoric of the retirement home industry. Gerontologist, 1970, 10(4, part I), 282-286.
- (15) Gilbert, C.R.A. Better Health for Women. New York: Doubleday and Co., Inc., 1957.
- (12) Gilman, C.P. Women and Economics. Reprint: Harper Torchbooks, 1966. (originally published in 1898).
- (07) Glasser, P.H. and Glasser, L.N. Role reversal and conflict between aged parents and their children. Marriage and Family Living, 1962, 24, 46-51.
- (07) Glenn, N.D. Psychological well-being in the postparental stage: some evidence from national surveys. Journal of Marriage and the Family, 1975, 37(1), 105-110.
- (02) Glick, P.C. Perspectives on the living arrangements of the elderly. Paper presented at the annual meeting of the Gerontological Society (San Francisco, Nov. 20, 1977).
- (07) Glik, I. and Soferman, N. Gynecological survey of hospitalized elderly women. Journal of the American Geriatrics Society, 1971, 19, 61-67.
- (03) Glover, B.H. Problems of aging: sex in the aging. Postgraduate Medicine, 1975, 57(6), 165-169.
- (03) Goddard rebukes drug tester: birth control pills against menopause. Science News, 1966, 60, 13-14.
- (03) Goldberg, M. Medical Management of Menopause. New York: Grune and Stratton, 1950.
- (03) Goldfarb, A.F. The climacteric and some of its problems. Geriatrics, 1969, 24, 107.
- (01) Goldwyn, R.M. Operating for the aging face. Psychiatry Medicine, 1972, 3(3), 187-195.
- (03) Goppert, H. Psychiatric and psychotherapeutic problems of the climacteric. Internist, 1966, 7, 326-332.
- (04) Gordon, G.S., Picchi, J., Roof, B.S., and Soika, C.V. Postmenopausal osteoporosis. American Family Physician, 1973, 8, 74-83.
- (09) Gorer, G. Ritual mourning. British Medical Journal, 1964, 38, 233.
- (11) Gorney, C. The discarding of Mrs. Hill: problems of unemployable older women. Ladies Home Journal, 1976, 43, 58+.
- (06) Gorney, S. and Cox, C. After Forty: How Women can Achieve Fulfillment. New York: Dial Delacorte Press, 1973.

- (07) Gottesman, L.E. and Hutchison, E. Characteristics of the institutionalized elderly. In E. Brody (ed.), A Social Work Guide for Long-Term Care Facilities. Rockville, Md.: National Institute of Mental Health, 1974.
- (06) Govaerts, F. Leisure and women of the third age. Society and Leisure, 1973, 5(4), 63-78.
- (05) Gove, W.R. and Tudor, J.F. Adult sex roles and mental illness. American Journal of Sociology, 1973, 78(4), 812-835.
- (03) Graber, E.A. and Barber, H.E. The case for and against estrogen replacement therapy. American Journal of Nursing, 1975, 75(10), 1766-1771.
- (11) Grambs, J.D. Women and retirement. Proposal addressed to NRTA-AARP, Andrus Foundation. University of Maryland, College Park, Md., 1975.
- (03) Gray, M. The Changing Years: The Menopause without Fear. New York: Doubleday and Co., 1970.
- (05) Green, D.E. and Nemzer, D.E. Changes in cigarette smoking by women: an analysis, 1966 and 1970. Health Services Reports, 1973, 88(7), 631-636.
- (03) Greenblatt, R.B. Estrogen therapy for post-menopausal females. New England Journal of Medicine, 1965, 272, 305-308.
- (03) _____. The menopausal syndrome. Medical Communications, 1974.
- (03) _____ and Scarpa-Smith, C.J. Nymphomania in post-menopausal women. Journal of the American Geriatrics Society, 1959, 7, 339-342.
- (03) _____ and Emperaire, J.C. Changing concepts in the management of the menopause. Medical Times, 1970, 98, 153-154.
- (12) Greenfield, H.I. and Brown, C.A. Allied Health Manpower: Trends and Prospects. U.S. Educational Resources Information Center, ERIC document ED 034 854, 1969.
- (02) Greville, T.N.E. United States Life Tables, 1969-1971. Publication no. HRA-1150. Rockville, Md.: Public Health Service, Health Resources Administration, 1975.
- (12) Griffiths, M.W. Sex discrimination in income security programs. Notre Dame Lawyer, 1974, 49(4), 534-543.
- (07) Gubrium, J.F. Marital desolation and the evaluation of everyday life in old age. Journal of Marriage and the Family, 1974, 36(1), 107-113.
- (15) _____. Time, Roles, and Self in Old Age. New York: Behavioral Publications, 1976.
- (05) Guze, S.B., Woodruff, R.A., and Clayton, P.J. Sex, age and the diagnosis of hysteria (Briquet's syndrome). American Journal of Psychiatry, 1972, 129(6), 745-748.

- (05) Haan, N. and Day, D. A longitudinal study of change and same-ness in personality development: adolescence to later adulthood. International Journal of Aging and Human Development, 1974, 5(1).
- (03) Hafez, E.S. Reproductive senescence. In Hafez ES, ed. Aging and Reproductive Physiology. Ann Arbor: Ann Arbor Science, 1976.
- (03) Harmer, S., ed. Women and Body Culture. Perennial Library, 1975.
- (13) Hansot, E. A "second-chance" program for women. Change, 1973, 5(1). 49-51.
- (05) Hardyck, C.D. Sex differences in personality changes with age. Journal of Gerontology, 1964, 19, 78-82.
- (06) Hargreaves, A.G. Making the most of the middle years. American Journal of Nursing, 1975, 75(10), 1772-1776.
- (14) Harper, B. Physical and mental health services. In Richard H. Davis, ed. Community Services and the Black Elderly. Los Angeles: Andrus Gerontology Center, U.S.C., 1972.
- (06) Harris, J. The Prime of Ms. America: The American Woman at Forty. New York: Putnam, 1975.
- (01) Harris, L. and Associates. The 1972 Virginia Slims American Women's Opinion Poll: A Survey of the Attitudes of Women On Their Roles in Politics and the Economy. New York, 1972.
- (01) _____. The Myth and Reality of Aging in America. Washington, D.C.: National Council on the Aging, Inc., 1975.
- (15) Hartung, G.H. Responses of middle-aged women to maximal cycling exercise. American Corrective Therapy Journal, 1974, 28(4), 103-106.
- (09) Harvey, C.D. and Bahr, H.M. Widowhood, morale, and affiliation. Journal of Marriage and the Family, 1974, 36(1), 97-106.
- (05) Hauser, S.T. The psychotherapy of a depressed aged woman. Journal of Geriatric Psychiatry, 1968, 2, 62-87.
- (07) Havighurst, R.J. The social competence of middle aged people. Genetic Monographs, 1957, 56, 297-375.
- (01) _____. The nature and values of meaningful freetime activity. In R.W. Kleemeir (ed.), Aging and Leisure. New York: Oxford University Press, 1961.
- (01) _____. Education. In Aging in America: Implications for Education, a publication of the National Council on Aging, 1976.
- (07) Hayes, M.P. and Stinnett, N. Life satisfaction of middle-aged husbands and wives. Journal of Home Economics, 1972, 63, 669-674.
- (15) Hayflick, L. Current theories of biological aging. The Gerontologist, 1974, 14, 352.
- (11) Hayghe, H. Families and the rise of working wives--an overview. Monthly Labor Review, 1976, 99(5), 12-19.
- (15) Health Policy Advisory Center. Women and the health system. Health/PAC Bulletin, No. 40 (April, 1972).
- (06) Heide, W.S. Mechanisms for change--viewed in a political context. In No Longer Young: The Older Woman in America. Ann Arbor: Univ. of Michigan Gerontology Center, 1975.
- (13) Heimstra, R. "Continuing education for the aged: a survey of needs and interests of older people." Adult Education, 1972, 22(2), 100-109.

- (14) Heisel, Marsel A. and Faulkner, A.D. Self Concept and Morale of Elderly Poor Blacks. New Brunswick, New Jersey: Graduate School of Social Work, Rutgers University, 1974.
- (03) Hertz, D.G., Steiner, J.E., Zukerman, H. and Pizanti, S. Psychological and physical symptom-formation in menopause. Psychotherapy and Psychosomatics, 1971, 19, 47-52.
- (09) Heyman, D.K. and Jeffers, F.C. Wives and retirement: a pilot study. Journal of Gerontology, 1968, 23, 488-496.
- (07) ———. Does a wife retire? Gerontologist, 1970, 10(1), Part 2, 54-56.
- (09) ———, and Gianturco, D.T. Long-term adaptation by the elderly to bereavement. Journal of Gerontology, 1973, 28, 359-362.
- (09) Hibbard, Donald L. and Lee, J.P.C. Presbyterian ministers and their widows in retirement. Journal of Gerontology, 1954, 9, 46-55.
- (14) Hicks, N. Life after 65. In Harold Cox (ed.), Focus: Aging. Guilford, Connecticut: Dushkin Publishing Group, 1978.
- (13) Hiestand, D.L. Changing Careers After Thirty-Five: New Horizons Through Professional and Graduate Study. New York: Columbia University Press, 1971.
- (07) Higgins, D.H. Female 'nestitis': self-concept, role flexibility, and achievement. Paper presented as part of a symposium on women and achievement. A life-cycle perspective, at the 28th Annual Scientific Meeting of the Gerontological Society, Louisville, Kentucky, October 26-30, 1975.
- (14) Himes, H.S. and Hamlett, M.L. The assessment of adjustment of aged negro women in a southern city. Phylon, 1962, 23, 139-148.
- (03) Hite, S. The Hite Report: A Nationwide Study of Female Sexuality. New York: Macmillan Publishing Co., 1976.
- (08) Hochschild, A.R. Communal life styles for the old. Society, 1973, 10(5), 50-58.
- (08) ———. The Unexpected Community. Englewood Cliffs, New Jersey: Prentice-Hall, 1973.
- (12) Hodgins, E.L. Survivor's pensions: an emerging employee benefit. Monthly Labor Review, 1973, 96(7), 31-34.
- (05) Hoffman, H. and Wehring, L.R. Sex and age differences in psychiatric symptoms of alcoholics. Psychological Reports, 1972, 30(3), 887-889.
- (03) Hollender, M.H. Hysterectomy and feelings of femininity. Medical Aspects of Human Sexuality, 1969, 3, 6-15.
- (13) Holmstrom, E. I. "Older" freshmen: do they differ from "typical" undergraduates? ACE Research Reports, 1973, 8(7), 46.
- (09) Holzman, R.S. Tax traps for the executive widow. Duns, 1972, 100, 71-72.
- (03) Hoover, R. Menopausal estrogens and breast cancer. New England Journal of Medicine, 1976, 295(8), 401-406.
- (03) Horn, R.E. Psychosexual problems of the middle years. Clinical Obstetrics and Gynecology, 1970, 13, 746-755.
- (05) Horrocks, J.E. and Mussman, M.C. Middlescence: age-related stress periods during adult years. Genetic Psychology Monographs, 1970, 82, 119.

- (12) Hoskins, D. and Bixby, L. Women and Social Security: Law and Policy in Five Countries. (Research Report No. 42) U.S. Social Security Administration. Washington, D.C.: GPO, 1973.
- (07) Hulicka, I.M., Morganti, B. and Cataldo, F. Perceived latitude of choice of institutionalized and non-institutionalized elderly women. Experimental Aging Research, 1975, 1(1), 27-39.
- (13) Hunt, B.E. Characteristics, Perceptions, and Experiences of Married Women Students at Lansing Community College 1965. U.S. Educational Resources Information Center, ERIC Document ED 024 891, 1967.
- (03) Hutchin, K.C. The change and what husbands should know about it. Today's Health, 1966, 44, 54.
- (01) Hutton, I.E. Woman's Prime of Life. New York: Hall and Emerson Publications, 1959.
- (15) Huyck, M.H., Eschen, C. and Tabachnik, R. Women's Attitudes Toward Radical Hysterectomy. Chicago: Illinois Institute of Technology, 1973.
- (15) _____. Growing Older. Englewood Cliffs, New Jersey: Prentice-Hall, 1974.
- (06) Hyde, T.E. The Single Grandmother. Chicago: Nelson-Hall, 1974.

- (14) Institute of Gerontology. Minority Aged in America. Ann Arbor: University of Michigan-Wayne State University, 1971.
- (15) Irelan, L.M. and Motley, D.K. Health on the threshold of retirement. Industrial Gerontology, 1972.
- (11) Is there sex discrimination in pension plans? National Business Woman, 1973, 54, 6-8.
- (04) Iskraud, A.P. and Smith, R.W. Osteoporosis in women 45 years and over related to subsequent fractures. Public Health Reports, 1969, 84(1), 33-38.

- J
- (14) Jackson, H. Uncle Sam's aging black women. Golden Page, 1978, 2(3), 16-20+.
 - (14) Jackson, J.J. Comparative life styles and family and friend relationships among older black women. Family Coordinator, 1972a, 21(4), 477-485.
 - (14) _____. Marital life among aging blacks. Family Coordinator, 1972b, 21(1), 21-27.
 - (14) _____. Plights of older black women in the United States. Black Aging, 1975-76, 1(2-3).
 - (14) Jackson, J.S., Bacon, J., and Peterson, J. Correlates of Adjustment in Urban Black Aged. Ann Arbor: University of Michigan, 1974.
 - (06) Jacobs, R.H. A typology of older American women. Social Policy, 1976, 7(3), 34-39.
 - (12) Jacobson, C.J. Some special problems the older woman worker encounters when seeking employment. Industrial and Labor Relations Forum, 1971, 7, 66-73.
 - (12) Jacobson, D. Rejection of the retiree role: a study of female industrial workers in their 50's. Human Relations, 1974, 27(5), 477-492.
 - (13) Jacobson, R.F. The Organization and Administration of Special Counseling Programs for Adult Women in Colleges and Universities. U.S. Educational Resources Information Center, ERIC Document ED 041 205, 1969.
 - (01) Jacoby, S. What do I do for the next 20 years? In Skolnick and Skolnick (eds.), Intimacy, Family and Society. Boston: Little, Brown and Co., 1974.
 - (01) Janeway, E. In praise of middle age. McCall's, 1971, 112, 174.
 - (01) _____. Breaking the age barrier. Ms., 1973, 1(10), 50-53+.
 - (01) _____. Between Myth and Morning: Women Awakening. William Morrow and Co., 1975.
 - (12) Jaslow, P. Employment, retirement, and morale among older women. Journal of Gerontology, 1976, 31(2), 212-217.
 - (13) Jeghelian, A. Marital Status, Age, and Occupational Level of Adult Women Students. U.S. Education Resources Information Center, ERIC Document ED 066 693, 1969.
 - (03) Jern, H.Z. Hormonal Theory of Menopause and Aging. Springfield, Illinois: C.C. Thomas, 1973.
 - (13) John Hay Whitney Foundation. Project Second Start: A Study of the Experience of a Group of Low-Income Women in Adult Programs at Brooklyn College. New York: J.H. Whitney Foundation, 1973.
 - (02) Johnson, C.E. Older Americans: population projections and comparisons with the year 2000. Industrial Gerontology, 1974, 1(4), 37-44.
 - (03) Johnson, L. The middle years: living sensibly. American Journal of Nursing, 1975, 75(6), 1012-1016.
 - (03) Jones, D.M. Sex! not for youngsters only. Journal of Practicing Nurses, 1976, 26(3), 30-31.
 - (14) Jones, F.C. The lofty role of the black grandmother. The Crisis, 1972, 80(1), 19-21.
 - (03) Jones, H.W. Jr., Cohen, E.J., and Wilson, R.B. Clinical aspects of the menopause. In J.K. Ryan and D.C. Gibson (eds.), Menopause and Aging. Publication no. 73-319. Washington, D.C.: National Institutes of Health, 1971.
 - (06) Jones, T. (ed.). Going strong in your eighties. Quest, 1978, 2(2).

- (03) Jurist, J.M., Cameron, J.R., Mazess, R.B., McBeath, A.A., and Mueller, M.N. Longitudinal Study of Skeletal Status in Women. Madison: School of Medicine, University of Wisconsin, 1973.
- (04) _____ and Gasser, T. Bone Loss in Women. Madison: Division of Orthopedic Surgery, University of Wisconsin, 1974.

- (03) Kahana, B. Social and psychological aspects of sexual behavior among the aged. In Hafez ES, ed. Aging and Reproductive Physiology. Ann Arbor: Ann Arbor Science, 1976.
- (09) Kahana, R.J. On widowhood: introduction. Journal of Geriatric Psychiatry, 1975, 8(1), 5-8.
- (09) Kalish, R.A. and Reynolds, D.K. Ethnicity as a factor in death-related attitudes of older Americans (abstract), The Gerontologist, 1971, 11(3), Part II, 41.
- (14) Kalson, L. Kosher Meals-On-Wheels. The Gerontologist, 1974, 14, 33.
- (07) Karcher, C.J. and Linden, L.L. Family rejection of the aged and nursing home utilization. International Journal of Aging and Human Development, 1974, 5(3), 231-244.
- (07) Kassel, V. Polygyny after 60. Geriatrics, 1966, 21(4), 214-218.
- (05) Kastenbaum, R. and Mishara, B.L. Premature death and self-injurious behavior in old age. Geriatrics, 1971, 26(7), 71-81.
- (13) Katz, N. The subject as subject: a study of the returning woman student. Council on Anthropology and Education Quarterly, 1975, 6(3), 19-22.
- (13) Kaufman, C.W. Educational Retraining Requirements of the Older Female Labor Pool Returnee. U.S. Educational Resources Information Center, ERIC Document ED 026 617, 1967.
- (07) Kaufman, I. Normal psychology of the aging process, revisited - I: marital adaptation in the aging. Journal of Geriatric Psychiatry, 1976, 9(2), 161-175.
- (03) Kaufman, S.A. Limited relationship of maturation index to estrogen therapy for menopausal symptoms: an analysis of 200 patients. Obstetrics and Gynecology, 1967, 30, 399-407.
- (03) Kelly, G.L. A Doctor Discusses Menopause. Chicago: Budlong Press, Co., 1959.
- (13) Kelman, E. and Staley, B. The Returning Woman Student: Needs of an Important Minority Group on College Campuses. Students Development Report, Volume 12, No. 2. U.S. Educational Resources Information Center, ERIC Document ED 103 747, 1974.
- (01) Kennedy, M.S. Tigers in the night: thoughts on turning 30 (all right, 31). Atlantic, 1974, 234(3), 44-49.
- (14) Kent, D.P. The elderly in minority groups: variant patterns of aging. Gerontologist, 1971, 11(1, part II), 26-29.
- (03) Kent, S. Urinary tract problems in women are linked to sexual activity. Geriatrics, 1975, 30(7), 145-146.
- (03) _____. Continued sexual activity depends on health and the availability of a partner. Geriatrics, 1975, 30(11), 142-144.
- (07) Kerckhoff, A.C. Family Patterns and morale in retirement. In Social Aspects of Aging. Simpson, Ida Harper and McKinney, John C., eds. Durham, North Carolina: Duke University Press, 1966.
- (07) _____. Husband-wife expectations and reactions to retirement. In Ida Harper Simpson and John C. McKinney, eds. Social Aspects of Aging. Durham, North Carolina; Duke University Press. 1966.
- (07) _____. The older couple: some basic considerations. In Ida H. Simpson and John C. McKinney, eds. Social Aspects of Aging. Durham, North Carolina: Duke University Press, 1966.

- (10) Kerschner, P.A. Advocacy and Age. Los Angeles, California: Andrus Gerontology Center, University of Southern California, 1976.
- (01) Kethley, A.J. Women and aging: the unforgivable sin. In Leppaluoto, Jean R. Women on the Move. Pittsburgh: Know, Inc., 1975.
- (13) Keyserling, M.D. Continuing Education for Women--A Growing Challenge. U.S. Educational Resources Information Center, ERIC Document ED 015 281, 1967.
- (15) Kimmel, D.C. Adulthood and Aging. New York: John Wiley and Sons, Inc., 1974.
- (03) Kinch, R.A. Sexual difficulties after 50: the gynecologist's view. Journal of the Canadian Medical Association, 1966, 94, 211-212.
- (14) King, L.M. Puertorriquenas in the U.S.: the impact of double discrimination. Civil Rights Digest, 1974, 6(3), 20-27.
- (03) Kinsey, A.C., Pomeroy, W.B., Martin, C.J., and Gebhard, O.H. Sexual Behavior in the Human Female. Philadelphia: W.B. Saunders, 1953.
- (07) Kleban, M., Brody, E., and Moss, M. Behavioral trends over time in the mentally-impaired aged. Gerontologist, 1973, 13(3, part II), 75.
- (03) Kleegman, S.J. Female sex problems. Sexology, 1964, 31, 226-229.
- (13) Knudson, A.D. and Zissis, C. Communications with women: a group experience. Educational Horizons, 1973/74, 52(2), 82-87.
- (11) Klien, D.P. Women in the labor force: the middle years. Monthly Labor Review, 1975, 98(11).
- (13) Klein, D. Community outreach to mature women. New York State Personnel and Guidance Journal, 1977, 12(1), 2-8.
- (03) Klein, T. and Charles, D. The administration of quineestrol to postmenopausal women. Journal of Reproductive Medicine, 1972, 9, 50-54.
- (10) Kleyman, P. Senior Power: Growing Old Rebelliously. San Francisco: Glide Publications, 1974.
- (01) Kline, C. The socialization process of women: implications for a theory of successful aging. The Gerontologist, 1975, 15(6), 486-492.
- (15) Knopf, O. Successful Aging. New York: Viking, 1975.
- (15) Koren, Z., Zuckerman, H. and Brezizinski, A. Pregnancy and delivery after forty. Obstetrics and Gynecology, 1963, 21, 165-169.
- (06) Krakow, R. Converting Central City Housing to Use by the Elderly. HUD Challenge, May 1975.
- (03) Krauss, R. Menopause and Contraception. Seattle, Washington: Planned Parenthood Publication. n.d.
- (08) Kreis, B. To Love Again: An Answer to Loneliness. New York: The Seabury Press, 1975.
- (11) Kreps, J. Sex in the Marketplace: American Women at Work. Baltimore: Johns Hopkins University Press, 1971.
- (11) _____ and Clark, R. Sex, Age, and Work: The Changing Composition of the Labor Force. Baltimore: Johns Hopkins University Press, 1975.
- (07) Kruempel, B.J. Factors Associated with Women's Perception of their Problems. U.S. Educational Resources Information Center, ERIC Document ED 019 607, January, 1968.
- (15) Kruger, D.H. and Smyth, J.D. Financing career training for widowed mothers: a proposal. Industrial Relations, 1971, 10(2), 145-149.

- (09) Krupp, G.R. and Kligfeld, B. The bereavement reaction: a cross-cultural evaluation. Journal of Religion and Health, 1962, 1(3), 222-246.
- (01) Kuhn, M. Liberation from agism. Interaction, Washington, D.C. (June, 1975).
- (10) _____. Mobilization for aging. Prime Time, 1976, 5(4), 5-9 and 11.
- (03) Kupperman, H.S. The climacteric syndrome. Medical Folio, 1972, 5, 1-4.
- (03) Kushner, R. Breast Cancer: A Personal History and an Investigative Report. New York and London: Harcourt, Brace, Jovanovich, 1975.
- (10) Kutza, E.A. The Differential Impact on Women of Federal Policies Affecting the Elderly: A Look at Income Assurance. Chicago: Center for the Study of Welfare Policy, 1974.
- (05) Kuypers, J.A. Ego functioning in old age: early adult life antecedents. International Journal of Aging and Human Development, 1974, 5(2) 157-179.

- L
- (14) Lacklen, C. Aged, black, and poor: three case studies. Aging and Human Development, 1971, 2(3), 202-207.
 - (13) Lacy, C.L. An experimental project to prepare mature women in community social agencies. Vocational Guidance Quarterly, 1970, 18(4), 285-288.
 - (13) Ladan, C.J. and Crooks, M.M. Some factors influencing the decision of mature women to enroll for continuing education. Canadian Counsellor, 1975, 10(1), 29-36.
 - (13) _____. Continuing education for men. Canadian Counsellor, 1976, 10(2), 83-87.
 - (14) Lambing, M.L.B. Social class living patterns of retired negroes. Gerontologist, 1972, 12(3), 285-288.
 - (03) Lanson, L. From Woman to Woman: A Gynecologist Answers Questions About You and Your Body. New York: Alfred E. Knopf, 1975.
 - (12) Laroque, P. Women's rights and widows' pensions. International Labour Review, 1972, 106(1), 1-10.
 - (01) Lasky, E. Humanness: An Exploration into the Mythologies About Women and Men. New York: MSS Information, 1975.
 - (03) Lauritzen, C. The management of the premenopausal and the postmenopausal patient. In C. Lauritzen and P. Van Keep (eds.), Ageing and Estrogens: Frontiers of Hormone Research. Vol 2. New York: Kaizer, 1973.
 - (14) Lawton, M.P. and Krassen, E. Federally Subsidized Housing Not for the Elderly Black. Philadelphia: Philadelphia Geriatric Center, 1974.
 - (14) Lerner, G. Black Women in White America: A Documentary History. New York: Pantheon, 1972.
 - (01) Lee, R.J. Self images of the elderly. Nursing Clinics in North America, 1976, 11(1), 119-124.
 - (13) LeFevre, C. The mature woman as graduate student. School Review, 1972, 80(2), 281-298.
 - (12) Lemov, P. What you can't take with you. Washingtonian, 1977, (Oct.), 261-267.
 - (05) Lennane, K.J. and Lennane, R.J. Alleged psychogenic disorders in women: a possible manifestation of sexual prejudice. New England Journal of Medicine, 1973, (Feb.), 288-292.
 - (15) LeShan, E. The Wonderful Crisis of Middle Age. New York: David McKay, 1973.
 - (05) Lesse, S. Masked depression: a diagnostic and therapeutic problem. Diseases of the Nervous System, 1968, 29(3), 169-173.
 - (13) Letchworth, G.E. Women who return to college: an identity-integrity approach. Journal of College Student Personnel, 1970, 11(2), 103-106.
 - (09) Levin, S. On widowhood: a discussion. Journal of Geriatric Psychiatry, 1975, 8(1), 57-59.
 - (03) Levine, L. and Doherty, B. The Menopause. New York: Random House, 1952.
 - (09) Lewis, A.A. and Berns, B. Three out of Four Wives: Widowhood in America. New York: MacMillan, 1975.
 - (12) Lewis, M.B. Wife: surviving quarterback of the estate planning team. Trusts and Estates, 1973, 112, 694-697+.
 - (01) Lewis, M.I. and Butler, R.N. Why is women's lib ignoring old women? Aging and Human Development, 1972, 3(3), 223-231.

- (07) Lieberman, M.A. Psychological correlates of impending death: some preliminary observations. In B. Neugarten (ed.), Middle Age and Aging. Chicago: University of Chicago Press, 1968.
- (13) Likert, J.G. Conversations with Returning Women Students. U.S. Education Resources Information Center, ERIC Document ED 017 815, n.d.
- (09) Lindemann, E. Symptomatology and management of acute grief. American Journal of Psychiatry, 1944, 101(2), 141-148.
- (03) Lindsay, H.B. The male and female climacteric. Diseases of the Nervous System, 1962, 23, 149-151.
- (14) Lindsay, I.B. Coping capacities of the black aged. In No Longer Young: The Older Woman in America. Ann Arbor: Institute of Gerontology, University of Michigan-Wayne State University, 1975.
- (09) Lindsay, R. Alone and Surviving: A Guide for Today's Widow. New York: Walker and Co., 1977.
- (05) Linn, L.S. and Davis, M.S. The use of psychotherapeutic drugs by middle-aged women. Journal of Health and Social Behavior, 1971, 12(4), 331-340.
- (07) Lipman, A. Role conceptions and morale in couples in retirement. Journal of Gerontology, 1961, 16(3), 267-271.
- (05) Livson, F.B. Patterns of personality development in middle-aged women: a longitudinal study. International Journal of Aging and Human Development, 1976, 7(2), 107-115.
- (01) _____. Cultural faces of Eve: images of women. Paper presented at annual meeting of the American Psychological Association (San Francisco, California, Aug. 26-30, 1977).
- (03) Lloyd, C.W. The climacteric and the menopause. In C.W. Lloyd (ed.), Human Reproduction and Sexual Behavior. Philadelphia: Lea and Febiger, 1964.
- (12) Lloyd, G.G. A Study of the Causes of Physical and Emotional Problems Encountered by Older Women Returning to Secretarial Employment After a Prolonged Absence. U.S. Educational Resources Information Center, ERIC Document ED 049 378, 1970.
- (15) Lolly, J.J. The Over-50 Health Manual. Englewood Cliffs: Prentice-Hall, 1961.
- (07) Lopata, Helena Z. A restatement of the relation between role and status. Sociology and Social Research, 1964, 49, 58-68.
- (07) _____. The secondary features of a primary role relationship. Human Organization, 1965, 24, 116-123.
- (07) _____. The life cycle of the social role of the housewife. Sociology and Social Research, 1966, 51, 5-22.
- (07) _____. Social psychological aspects of role involvement. Sociology and Social Research, 1969, 53, 285-299.
- (09) _____. Loneliness: forms and components. Social Problems, 1969, 17(2), 248-262.
- (09) _____. The social involvement of American widows. American Behavioral Scientist, 1970, 14(1), 41-57.
- (09) _____. Living arrangements of American urban widows. Sociological Focus, 1971, 5(1), 41-61.
- (09) _____. Occupation Housewife. New York: Oxford University Press, 1971.
- (09) _____. Widows as a minority group. Gerontologist, 1971, 11(1, part II), 67-77.

- (09) _____. Social relations of widows in urbanizing societies. Sociological Quarterly, 1972, 13(2), 259-271.
- (09) _____. Living through widowhood. Psychology Today, 1973, 7(2), 87-92.
- (09) _____. Social relations of black and white widowed women in a northern metropolis. American Journal of Sociology, 1973, 78(4), 1003-1010.
- (09) _____. Self-identity in marriage and widowhood. Sociological Quarterly, 1973, 14(3), 407-418.
- (09) _____. Widowhood in an American City. Cambridge, MA: Schenkman, 1973.
- (09) _____. Role changes in widowhood: a world perspective. In Cowgill and Holmes (eds.), Aging and Modernization. New York: Appleton-Century-Crofts, 1972.
- (09) _____. Grief work and identity reconstruction. Journal of Geriatric Psychiatry, 1975, 8(1).
- (09) _____. Widowhood: societal factors in life-span disruptions and alternatives. In N. Datan and L.H. Ginsberg (eds.), Life-Span Developmental Psychology: Normative Life Crises. New York: Academic Press, 1975.
- (09) _____ and Steinhart, F. Work histories of American urban women. Gerontologist, 1971, 11(1, part II), 27-36.
- (13) Loring, R.K. A Survey of "Special" Educational Programs for Adult Women in University Extension Divisions and Evening Colleges. U.S. Educational Resources Information Center, ERIC Document ED 020 459, 1966.
- (09) Love, A.B. Surviving widowhood. Ms., 1974, 3, 388-389.
- (07) Lowenthal, M.F. Psychosocial variations across the adult life course: frontiers for research and policy. Gerontologist, 1975, 15(1, part I), 6-12.
- (07) _____. Toward a sociopsychological theory of change in adulthood and old age. In J.E. Birren and K.W. Schaie (eds.), Handbook of the Psychology of Aging. New York: Van Nostrand Reinhold, 1977.
- (05) _____ and Berkman, P. Aging and Mental Disorder in San Francisco. San Francisco: Jossey-Bass, 1967.
- (05) _____ and Haven, C. Interaction and adaptation: intimacy as a critical variable. American Sociological Review, 1968, 33, 20-30.
- (07) _____ and Chiriboga, D. Transition to the empty nest: crisis, challenge, or relief? Archives of General Psychiatry, 1972, 26, 8-14.
- (06) _____, Thurnher, M., and Chiriboga, D. Four Stages of Life: A comparative Study of Women and Men Facing Transition. San Francisco: Jossey-Bass, 1975.
- (08) _____ and Robinson, B. Social networks and isolation. In R. Binstock and E. Shanas (eds.), Handbook of Aging and the Social Sciences. New York: Van Nostrand Reinhold Co., 1976.
- (07) _____ and Weiss, L. Intimacy and crises in adulthood. Counseling Psychologist, 1976, 6(1), 10-15.
- (06) Lozier, J. Accommodating old people in society: examples from Appalachia and New Orleans. In N. Datan and L.H. Ginsberg (eds.), Life-Span Developmental Psychology: Normative Life Crises. New York: Academic Press, 1975.

- (01) Luce, G. On learning from the old. Quest, 1978, 2(2), 122-123.
- (13) Lunneborg, P.W., Olch, D.R., and De Wolf, V. Prediction of college performance in older students. Journal of Counseling Psychology, 1974, 21(3), 215-221.
- (08) Lurie, E. Perceptions of family and friendship roles in old age. Gerontologist, 1970, 10(3), 48.
- (04) Lutwak, L. Nutritional aspects of osteoporosis. Journal of the American Geriatrics Society, 1969, 17, 115.
- (04) _____. Continuing need for dietary calcium throughout life. Geriatrics, 1974, 29(5), 171-174.
- (09) Lyman, H.B. Single Again. New York: McKay, 1971.

- (06) Maas, S. and Kuypers, J. From Thirty to Seventy: A Forty-Year Longitudinal Study of Adult Life Styles and Personality. San Francisco: Jossey-Bass Publishers, Inc., 1975.
- (03) Mack, T.M. Estrogen and endometrial cancer in a retirement community. New England Journal of Medicine, 1976, 294(23), 1262-1267.
- (09) Maddison, D. and Viola, A. The health of widows in the year following bereavement. Journal of Psychosomatic Research, 1968, 12(4), 297-306.
- (09) _____. and Walker, W.L. Factors affecting the outcome of conjugal bereavement. British Journal of Psychology, 1967, 113, 1057-1067.
- (09) Magaziner, J.S. and Kahn, R.L. Age, Widowhood and Mental Disorder. Chicago, Illinois: Committee on Human Development and Department of Psychiatry, University of Chicago, 1974.
- (05) Maletzky, B.M. and Klotter, J. Smoking and alcoholism. American Journal of Psychiatry, 1974, 131(4), 445-447.
- (12) Mallan, L.B. Women born in early 1900's: employment, earnings and benefit levels. Social Security Bulletin, 1974, 37(3), 3-25.
- (12) _____. Women's work lives and future social security benefits. Social Security Bulletin, 1976.
- (15) Manis, L.G. and Mochizuki, J. Search for fulfillment: a program for adult women. Personnel and Guidance Journal, 1972, 50(7), 594-599.
- (03) Mannes, M. Of time and the woman. Psychosomatics, sect. 2, 1968.
- (03) Moaz, B., Dowty, N., Antonovsky, A., and Wijsenbeek, H. Female attitudes to menopause. Social Psychiatry, 1970, 5, 35-40.
- (03) Marcus, I.M. and Francis, J. Masturbation from Infancy to Senescence. New York: International Press, Inc., 1974.
- (03) Marley, F. Sex and the older woman -- hormones. Science News, 1967, 91, 413.
- (13) Marple, B.L. Counseling Mature Women from Differing Cultures. U.S. Educational Resources Information Center, ERIC Document ED 067 574, March, 1972.
- (01) Martel, M.V. Age-sex roles in American magazine fiction (1890-1955). In Middle Age and Aging, Bernice L. Neugarten, ed. Chicago: University of Chicago, 1968.
- (14) Martin, H. and Gomez, E.A. Adaptations of Older Mexican-Americans: Some Preliminary Findings. San Antonio, Texas: University of Texas Medical School, 1973.
- (03) Masters, W.H. Sex life of the aging female. G. Groves and A. Stone, eds. Sex in Our Culture. New York: Emerson Books, 1955.
- (03) _____. Greenblatt, R.B. and Wilson, T.A. Should estrogens be given to menopausal and post-menopausal patients? Modern Medicine, 1968, 36, 177-180.
- (03) _____. and Johnson, Virginia. Geriatric sexual response. In Human Sexual Response. Boston: Little, Brown, 1966.
- (03) _____. Human sexual response: the aging female and the aging male. In Middle Age and Aging. B. Neugarten, ed. Chicago: University of Chicago Press, 1968.
- (03) _____. Sexual inadequacy in the aging male and female. Human Sexual Inadequacy. Boston: Little, Brown and Co., 1970.
- (03) _____. Sex after Sixty. Medical World News, 1971, 74, 76. (Special Issue on Geriatrics).

- (14) Matchett, W.F. Repeated hallucinatory experiences as a part of the mourning process among Hopi Indian women. Psychiatry, 1972, 35(2), 185-194.
- (11) McClelland, D. Opening job doors for mature women. Manpower, 1973, 5(8), 8-12.
- (11) McEaddy, B. Women in the labor force: the later years. Monthly Labor Review, 1975, 98(11).
- (13) McEwen, M.K. Counseling women: a review of the research. College Student Personnel, 1975, 16(5), 382-388.
- (13) McGowan, B. and Liu, P.Y.H. Creativity and mental health of self-renewing women. Management and Evaluation in Guidance, 1970, 3(3), 138-147.
- (07) McKain, Walter. Retirement Marriage. Storrs, Connecticut: Storrs Agricultural Experiment Station, University of Connecticut Monograph No. 3 (January, 1969).
- (07) _____. A new look at old marriages. The Family Coordinator, 1972, 21, 60-61.
- (03) McKeithen, W.S. Major gynecologic surgery in elderly females 65 years of age and older. American Journal of Obstetrics and Gynecology, 1975, 123(1), 59-65.
- (03) McKinlay, S.M. and McKinlay, J.B. Selected studies of the menopause. Journal of Biosocial Science, 1973, 5(4), 533-555.
- (03) Mead, M. Male and Female. Morrow, 1949.
- (08) Meals and Companionship for Senior Citizens. Washington, D.C.: Social and Rehabilitation Service, AoA, Information Division, 1972.
- (05) Melody, G.F. Depressive reactions following hysterectomy. American Journal of Obstetrics and Gynecology, 1962, 83, 410-413.
- (13) Merideth, E. and Merideth, R. Adult women's education: a radical critique. Journal of NAWDAC, 1971, 34(3), 111-119.
- (12) Metheny, E. Unisex pension: a progress report. National Business Woman, 1974, 55(6), 10-11+.
- (09) Metropolitan Life Insurance Company. Statistical Bulletin: Where Are All the Unmarried Women? New York: Metropolitan Life Insurance Co., February, 1975.
- (11) Meyer, G.W. and Owen, S.V. Predicting Career Change of Mature, Middle-Class, Married Women. U.S. Educational Resources Information Center, ERIC Document ED 122 152, April, 1976.
- (03) Mickelson, O. Longitudinal Nutritional Status of Older Women. East Lansing: Michigan State University, 1973.
- (15) The Middle Years. American Journal of Nursing, 1975, 75(6), 993-1024.
- (03) Midwinter, A. The management of the menopause. Practitioner, 1969, 202, 372-379.
- (09) Miles, H.S. and Hays, D.R. Widowhood. American Journal of Nursing, 1975, 75, 280-282.
- (13) Miller, B.J. "Inner city women in white schools." Journal of Negro Education, 42(3), 392-413.
- (05) Miller, C. How to Say Yes to Life: A Women's Guide to Beating the Blahs. New York: Essandess, A Division of Simon and Schuster, 1971.
- (05) Miller, P.R. and Ferone, L. Group psychotherapy with depressed women. American Journal of Psychiatry, 1966, 123(6), 701-703.

- (13) Miller, R.H. The Student Personnel Services for Women in Continuing Education in Montgomery College. U.S., Educational Resources Information Center, ERIC Document ED 099 714, September, 1973.
- (14) Mindel, C. and Habenstein, R. Ethnic Families in America, 1976.
- (13) Mintz, F. Behavioral objectives for teachers of mature women. Journal of Industrial Teacher Education, 1972, 10(1), 19-23.
- (14) Mittelbach, F.G. and Moore, J.W. Ethnic endogamy: the case of Mexican Americans. American Journal of Sociology, 1968, 74(1), 50-62.
- (15) Moffat, M.J. and Painter, C. eds. Revelations: Diaries of Women. New York: Vintage Books (Random House), 1974.
- (06) Moody, M.J. Older Women Alone. Portsmouth, New Hampshire: The Institute Press, 1975.
- (14) Moore, J.W. Mexican-Americans. The Gerontologist, 1971, 11(1, part II), 30-35.
- (09) Morgan, L.A. A re-examination of widowhood and morale. Journal of Gerontology, 1976, 31(6), 687-695.
- (03) Morrison, E. and Price, M. Values in Sexuality. New York: Hart, 1974.
- (11) Moser, C.H. Mature women--the new labor force. Industrial Gerontology--Problems, Potentials of Work and Age, 1974, 1(2), 14-25.
- (01) Moss, Z. It hurts to be alive and obsolete: the aging woman. In Robin Morgan, ed. Sisterhood is Powerful. New York: Random House, 1970, 170-175.
- (07) Moss, M.S. and Kurland, P. Family visiting with institutionalized mentally-impaired aged. Gerontologist, 1973, 13(3, part II), 96.
- (03) Mozley, P.D. Woman's capacity for orgasms after menopause. Medical Aspects Human Sexuality, 1975, 9, 104-110.
- (11) Mulvey, M.C. Psychological and sociological factors in prediction of career patterns of women. Genetic Psychological Monographs, No. 68, 1973.
- (01) Murphy, Y. and Murphy, R.F. Women and men. In Sex Differences: Cultural and Developmental Dimensions by P.C. Lee and R.S. Stewart, eds. New York: Urizen Books, 1976.
- (15) Murray, F. and Erickson, M. Adult Female Human Being. U.S., Educational Resources Information Center, ERIC Document ED 128 555, 1975.
- (06) Murray, J. Living arrangements of people aged 65 and older: findings from 1968 survey of the aged. Social Security Bulletin, 1971, 34(9), 3-14.

- (03) Nachtigall, L. and Heilman, J. The Lila Nachtigall Report. New York: G.P. Putnam Sons, 1977.
- (12) Nader, R. How you lose money by being a woman; plight of the aged. McCalls, 1972, 99, 65+.
- (12) _____ and Blackwell, K. You and Your Pension. New York: Grossman, 1973.
- (03) Naismith. Common sense and the femininity pill. Readers Digest, 1966, 89, 99-102.
- (15) Namey, C. and Wilson, R.W. Age patterns in medical care, illness, and disability, United States 1968-1969. National Health Survey Series 10, No. 70. Washington, D.C.: US DHEW, 1972.
- (03) National Center for Health Statistics. Health interview survey characteristics of females ever having a breast examination and interval since last examination. Vital Statistics Report, 1975, 24(6), supplement.
- (02) National Council on the Aging. The Impact of Middle-Aged and Older Persons. Facts and trends in the population, labor force, industry. (In 5 parts) Washington, D.C., n.d.
- (10) _____. The Law and the Impaired Older Person: Protection or Punishment. Washington, D.C.: NCOA, 1966.
- (10) National Senior Citizens Law Center. Legal issues affecting the older woman in America today. Reprinted in U.S. House of Representatives Select Committee on Aging. Pension Problems of Older Women, 1975, 29-78.
- (09) Nehrke, M.F. Actual and Perceived Attitudes Toward Death and Self Concept in Three Generational Families. Bath, New York: Psychology Service, VA Center, 1974.
- (03) Neiswender, M.E. and Birren, J.E. Love Over the Life Span: A Model and a Methodological Inquiry. Los Angeles: Andrus Gerontology Center, 1973.
- (06) Neugarten, B.L. Personality in Middle and Late Life, New York: Atherton Press, 1964.
- (03) _____. and Kraines, R.J. Menopausal Symptoms in women of various ages. Psychosomatic Medicine, 1965, 27(3), 266-272.
- (05) _____. Psychological Change and Adaptation in Middle Age. Chicago: University of Chicago, 1967.
- (05) _____. Factors related to mental health in middle-aged women. In B. Neugarten, ed. Middle Age and Aging. Chicago: University of Chicago Press, 1968.
- (06) _____. and Gutman, D.L. Age-sex roles and personality in middle age: A thematic apperception study. In Neugarten, Bernice L. (ed.), Middle Age and Aging, Chicago: The University of Chicago Press, 1968.
- (07) _____. , Bernice L. and Weinstein, Karol K. The Changing American Grandparent. In Neugarten, Bernice L. Middle Age and Aging. Chicago: The University of Chicago Press, 1968.
- (03) _____. , Wood, Vivian, Kraines, Ruth J. and Loomis, B. Women's attitudes toward the menopause. In B.L. Neugarten, ed. Middle Age and Aging. Chicago: University of Chicago Press, 1968.
- (06) _____. , and Datan, Nancy. Sociological perspectives on the life cycle. In Paul Baltes and K.W. Schaie, eds. Life-Span Developmental Psychology: Personality and Socialization. New York: Academic Press, 1973.

- (01) Neugarten, Bernice and Datan, Nancy. The Middle years. In S. Arieti, ed. American Handbook of Psychiatry. (2nd Ed., Vol. 1). New York: Basic Books, 1974.
- (13) New Direction For Wisconsin Inactive Health Personnel. Madison, Wisconsin: University Extension Service, University of Wisconsin, 1969.
- (02) New York State Office for Aging. Older persons in New York State. Albany, New York, 1974.
- (03) Newman, G. and Nichols, C. Sexual activities and attitudes in older persons. Journal of the American Medical Association, 1960, 173(1), 33-35.
- (09) Newman, J., ed. Teach Your Wife How To Be A Widow. Washington, D.C.: U.S. News and World Report, 1973.
- (13) Nichols, C.G. A seminar in personality development for mature women. Journal of the NAWDAC, 1974, 37(3), 123-127.
- (06) Nielsen, M. and Beggs, H. Home Aide Service and the Aged: A Controlled Study. Part I: Design and Findings. Part II: The Service Program. Springfield, Virginia: National Technical Information Service, U.S. Department of Commerce, 1970.
- (06) _____, Blenker, M., Bloom, M., Downs, T. and Beggs, H. Older persons after hospitalization: a controlled home aide service. American Journal of Public Health, 1972, 62(8), 1094-1101.
- (14) Nieto, C. The Chicana and the women's rights movement: a perspective. Civil Rights Digest, 1974, 6(3), 36-42.
- (03) Nolen, W.A. What menopause is and isn't. McCalls, 1972, 99, 36.
- (01) Norman, R.D. and Getts, A.P. Concealment of age among women psychologists - replication after a quarter century. Journal of Psychology, 1976, 93(2), 289-297.
- (01) Northcott, H.C. Too young, too old--age in the world of television. The Gerontologist, 1975, 15(2), 184-186.
- (10) Notman, M.T. and Nadelson, C.C. The rape victim: psychodynamic considerations. American Journal of Psychiatry, 1976, 133(4), 408-413.
- (03) Novak, E.R. Replacement therapy of the menopause. Johns Hopkins Medical Journal, 1967, 120, 408-415.
- (03) _____. Ovulation after fifty. Obstetrics and Gynecology, 1970, 36, 903-910.
- (03) _____, Jones, G.S., and Jones, H.W.J. Textbook of Gynecology. Baltimore: William and Wilkins, 1972.
- (15) Nudel, A. For the Woman Over 50. New York: Taplinger Publishing Co., 1978.

- (09) O'Brien, P. Woman Alone. New York: Quadrangle, 1973.
- (03) O'Connor, J.F. and Flax, C.C. The effects of aging on human sexuality. Nursing Care, 1977, 10(7), 22-26, 43.
- (12) O'Grady, R. Social security law: discrimination against women. It's About Time!, 1976, 1(3), 2-4.
- (02) Older americans grow in number, vary in rank. Geriatrics, 1972, 27(6), 138, 140, 142.
- (07) Older problem drinkers: their special needs and a nursing home geared to those needs. Alcohol, Health and Research World, 1975, 12-17.
- (03) Oldo, S. Menopause, something to look forward to? Today's Health, 1970, 48, 48-49.
- (11) Oltman, R. M. Campus 1970, Where Do Women Stand? Research Report of a Survey on Women in Academe. U.S., Educational Resources Information Center, ERIC Document ED 046 336, December, 1970.
- (11) _____. The Evolving Role of the Women's Liberation Movement in Higher Education. U.S. Educational Resources Information Center, ERIC Document ED 049 489, 1971.
- (01) On growing older female: an interview with Tish Sommers. Aging, 1975.
- (03) Ososky, J.H. and Seidenberg, R. Is female menopausal depression inevitable? American Journal of Obstetrics and Gynecology, 1970, 36, 611-615.
- (04) Osteoporosis among women who smoke. Journal of the American Medical Association, 1976, 235(13), 1367-1368.
- (15) Owen, B.D. The middle years: coping with chronic illness. American Journal of Nursing, 1975, 75(6), 1016-1018.
- (07) Owens, P. "Whether you want him or not." In These Times, October 19-25, 1977, 19.

- (03) Paley, G. Menopause: A Positive Approach. Radnor, Pennsylvania: Chilton Books, 1978.
- (11) Palmore, E. "Differences in the retirement patterns of men and women." The Gerontologist, 1965, 5(1), 4-8.
- (07) _____. Marriage, family and sexual behavior. In Normal Aging, Durham: Duke University Press, 1970.
- (01) _____. Attitudes toward aging as shown by humor. The Gerontologist, 1971, 11(3, part I), 181-186.
- (01) _____. and Manton, K. Ageism compared to racism and sexism. Journal of Gerontology, 1973, 28(3), 363-369.
- (07) _____. Total chance of institutionalization among the aged. The Gerontologist, 1976, 16(6).
- (05) _____. and Kivett, V. Change in life satisfaction: a longitudinal study of persons aged 46-70. Journal of Gerontology, 1977, 32(3), 311-316.
- (09) Parkes, C.M. Effect of bereavement of physical and mental health: a study of the medical records of widows. British Medical Journal, 1964, 1(5404), 274-279.
- (09) _____. Benjamin, B., and Fitzgerald, R.G. Broken heart: a statistical study of increased mortality among widows. British Medical Journal, 1969, 1(5646), 740-743.
- (03) Parks, J. Care of the post-menopausal patient. Postgraduate Medicine, 1967, 42, 275-280.
- (11) Parnes, H.S. Dual careers: A Longitudinal Analysis of the Labor Market Experience of Women. Volume Four. U.S., Educational Resources Information Center, ERIC Document ED 124 812, December, 1975.
- (13) Patterson, J.B. Occupational Training for Mature Women: A Survey of the Enrollment of Women Over Age 35 in Proprietary Institutions in Cuyahoga County. U.S. Educational Resources Information Center, ERIC Document ED 110 805, June, 1975.
- (05) Patterson, R.D., Abrahams, R., and Baker, F. Preventing self-destructive behavior. Geriatrics, 1974, 29(11), 115-118, 121.
- (03) Paulshock, B.Z. What every woman should know about hysterectomy. Today's Health, 1976, 54(2), 23-25.
- (15) Paulsen, K. and Kuhn, R.A. (eds.) Woman's Almanac. New York: J.B. Lippincott Company, 1976.
- (15) Payne, B.P. Age differences in the meaning of leisure activities. Paper presented at the Annual Meeting of the Gerontological Society, Miami Beach, Florida, 1973.
- (01) _____. and Whittington, F. Older women - examination of popular stereotypes and research evidence. Social Problems, 1976, 23(4), 488-504.
- (05) Pearlín, L.I. Sex roles and depression. In Nancy Datan and Leon H. Ginsberg, eds. Life-Span Developmental Psychology: Normative Crises. New York: Academic Press, 1975.
- (03) Peberdy, G. Sex and its problems. X. Sexual adjustment at the climacteric. Practitioner, 1967, 119, 564-571.
- (14) Perry, P.W. The night of ageism. In Harold Cox (ed.) Focus: Aging. Guilford, Connecticut: Dushkin Publishing Group, 1978.
- (05) Petersen, J.M. and Thomas, C.W. Acute drug reactions among the elderly. Journal of Gerontology, 1975, 30(5), 552-556.
- (03) Petersen, J.A. and Payne, B. Love in the Later Years: The Emotional, Physical, Sexual and Social Potential of the Elderly. New York: Association Press, 1975.

- (07) Petrowsky, M. Marital status, sex and the social networks of the elderly. Journal of Marriage and the Family, 1976, 38(4), 749-756.
- (02) Pfeiffer, E., Verwoerd, A. and Wang, H.S. Sexual behavior in aged men and women: I. Observation on 254 community volunteers. Archives of General Psychiatry, 1968, 19, 753-758.
- (03) _____. The natural history of sexual behavior in a biologically advantaged group of aged individuals. Journal of Gerontology, 1969, 24(2), 193-198.
- (02) _____. Survival in old age: physical psychological, and social correlates of longevity. Journal of the American Geriatrics Society, 1970, 18, 273-285.
- (03) _____. and Davis, G. Determinants of sexual behavior in middle and old age. Journal of the American Geriatrics Society, 1972, 20, 151-157.
- (03) _____. , Verwoerd, A. and Davis, G.C. Sexual behavior in middle life. American Journal of Psychiatry, 1972, 128, 1262-1267.
- (03) _____. Sexual behavior in old age. In Behavior and Adaptation in Later Life, Busse and Pfeiffer, eds. Boston: Little, Brown and Co., 1973.
- (03) _____. Sexuality and the Aging Individual. Journal of the American Geriatrics Society, 1974, 22(11), 481-484.
- (09) Pihlblad, C.T. and Adams, D.L. Widowhood, social participation and life satisfaction. International Journal of Aging and Human Development, 1972, 3(4), 323-330.
- (03) Pills to keep women young. R.R. Wilson's therapy. Time Magazine, 1966, 87, 50.
- (07) Pineo, P.C. Disenchantment in the later years of marriage. Sourcebook in Marriage and the Family. M. Sussman, ed. New York: Houghton Mifflin Co., 1968.
- (05) Pishkin, V. and Thorne, F.C. A factorial structure of the dimensions of femininity in alcoholic, schizophrenic and normal populations. Journal of Clinical Psychology, 1977, 33(1), 10-17.
- (13) Plotsky, F.A. Some characteristics that influence learning for the returning woman student. Educational Horizons, 1974, 52(3), 135-137.
- (05) Plutchik, R., Weiner, M. and Conte, H. Studies of body images. I. Body worries and body discomforts. Journal of Gerontology, 1971, 26(3), 344-350.
- (12) Polinsky, E.J. The position of women in the social security system. Social Security Bulletin, 1969, 3-19.
- (04) Polivy, J. Psychological effects of mastectomy on a woman's feminine self-concept. Journal of Nervous and Mental Disorders, 1977, 164(2), 77-87.
- (07) Powell, B. The empty nest, employment and psychiatric symptoms in college-educated women. Psychology of Women Quarterly, 1977, 2, 35-43.
- (13) Powell, J. and Rodgers, A. Orientation to college: meeting the needs of mature women. Journal of College Student Personnel, 1975, 16(5), 432.
- (05) Power, C.A. and McCarron, L.T. Treatment of depression in persons residing in homes for the aged. Gerontologist, 1975, 15(2), 132-135.
- (08) Powers, E.A. and Bultena, G.L. Sex differences in intimate friendships in old age. Journal of Marriage and the Family, 1976, 38(4), 739-747.

- (03) Prados, M. Emotional factors in the climacterium of women. Psychotherapy and Psychosomatics, 1967, 15, 231-244.
- (15) Prime Time: By and For Older Women. (A bi-monthly independent feminist journal.) Marjorie Collins, ed. 420 West 46th St., New York, New York, 10036 (212) 265-5839.
- (06) Prock, V.N. The middle years: the mid-stage woman. American Journal of Nursing, 1975, 75(6), 1019-1021.
- (07) Psychological problems of the elderly. Newsgram No.12, Department on Aging, State of Connecticut, 1975.
- (03) Public Health Service. Menopause: The Experts Speak. Rockville, Maryland: National Institutes of Health, 1975.

- Q
- (15) Query, J. and Steines, M. Disillusionment, health status and age: a study of value. International Journal of Aging and Human Development, 1974, 5(3), 245-256.
- (13) Quo Vadis School of Nursing. Etobicoke, Ontario, Canada. Second Changes for Mature Women. U.S. Educational Resources Information Center, ERIC Document ED 050 329, 1971.

- (01) Rabin, J.S., Marker, S., and Kuhn, M.E. The liberation of older women. Paper presented at annual meeting of the Gerontological Society (Nov. 1973).
- (06) Rabinowitz, D. and Nielson, Y. Home Life: A Story of Old Age. New York: Macmillan, 1971.
- (11) Ragan, P.K. Socialization for the retirement role: cooling the mark out. Paper presented at the annual meeting of the American Psychological Association (San Francisco, Aug. 26-28, 1977).
- (11) Ralston, M. How to Return to Work in an Office. New York: Harper and Row, 1972.
- (13) Raushenbush, E. Unfinished business: continuing education for women. Educational Record, 1961, 42(4), 261-269.
- (01) Reid, B.J. Ageism and sexism = the older woman devalued. Gerontologist, 1973, 13(3, part II), 103.
- (13) Reinfeld, P.M. ANSWER: a response to women's new ideas and needs. Community College Frontiers, 1975, 3(3), 15-17.
- (07) Reingold, J., Wolk, R.L., and Schwartz, S. Attitudes of adult children whose aged parents are members of a sheltered workshop. Aging and Human Development, 1972, 3(4), 331-337.
- (03) Reitz, R. Menopause: A Positive Approach. Radnor, Pa.: Chilton, 1978.
- (07) Renne, K. Correlates of dissatisfaction in marriage. Journal of Marriage and the Family, 1970, 32, 54-67.
- (11) Reno, V. Women newly entitled to retired worker benefits: survey of new beneficiaries. Social Security Bulletin, 1973, 36, 3-26.
- (12) _____. Women Under Social Security. Washington, D.C.: Social Security Administration, 1974.
- (03) Renshaw, D.C. Sexuality and depression in adults and the elderly. Medical Aspects of Human Sexuality, 1975, 1(1), 40-62.
- (06) Repairs for Old Kentucky Homes. Washington, D.C.: Social and Rehabilitation Service Administration, 1972.
- (13) Report of the Committee on Education to the President's Commission on the Status of Women. U.S. Educational Resources Information Center, ERIC Document ED 053 369, 1963.
- (09) Retherford, R.D. Cigarette smoking and widowhood in the United States. Population Studies, 1973, 27(2), 193-206.
- (11) Reynolds, M.J. Occupational opportunity for the mature woman or mother wore a beanie. Personnel Guidance Journal, 1969, 49(8), 194-197.
- (03) Rhoades, F.P. Minimizing the menopause. Journal of the American Geriatrics Society, 1967, 15, 346-54.
- (03) _____. Continuous cyclic hormonal therapy. Journal of the American Geriatrics Society, 1974, 22(4), 183-185.
- (03) Rice, D. Anti-aging pill. Harper's Bazaar, 1975 (Aug.), 108, 78.
- (13) Rice, J.K. Continuing education for women, 1960-1975: a critical appraisal. Educational Record, 1975, 56(4), 240-249.
- (13) Richards, L.S. Women's Perception of Their Psychological and Practical Needs Upon Re-entry to a Community College: Implications for Restructuring the Learning Environment. U.S. Educational Resources Information Center, ERIC Document ED 130 713, 1976.
- (14) Rickman, G. A natural alliance: the new role for black women. Civil Rights Digest, 1974, 6(3), 57-65.
- (15) Riley, M. and Foner, A. Aging and Society, Vol. I: An Inventory of Research Findings. New York: Russell Sage Foundation, 1968.
- (11) Robin, E.P. Some social factors in career choice. In Research Issues in the Employment of Women: Proceedings of a Workshop, 1974. Washington, D.C.: National Research Council, National Academy of Sciences, 1975.

- (09) Robson, K.S. Letters to a dead husband. Journal of Geriatric Psychiatry, 1974, 7(2), 208-232.
- (04) Rodgers, J. Rush to surgery: hysterectomy is the second most frequently performed major operation. New York Times Magazine, 1975 (Sept. 21), 34+.
- (06) Roecker, M. and Dillon, P.W. Family Homes for Adults. Springfield, Va.: National Technical Information Service, 1974.
- (03) Rogers, J. Estrogens in the menopause and postmenopause. New England Journal of Medicine, 1969, 280, 364-367.
- (07) Rollins, B.C. and Feldman, H. Marital satisfaction over the life cycle. Journal of Marriage and the Family, 1970, 32(1), 20-28.
- (07) _____ and Cannon, K. Marital satisfaction over the life cycle: a reevaluation. Journal of Marriage and the Family, 1974, 36, 271-282.
- (07) Rooney, R. Middle age divorce -- the family time bomb. Parade (The Washington Post), 1978 (Mar. 5), 6-7.
- (01) Roper Organization, Inc. The Virginia Slims American Women's Opinion Poll, Volume III. Virginia Slims, 1974.
- (01) Rose, A.M. The adequacy of women's expectations for adult roles. Social Forces, 1951, 30(1), 69-77.
- (03) Rose, L. and Perlmutter, J. Menopause: what's true and what isn't. New Woman, 1977 (Nov-Dec.), 22-29.
- (11) Rosenberg, G.S. The Worker Grows Old. San Francisco: Jossey-Bass, 1970.
- (08) Rosencranz, H.A. Role perceptions of significant others by old persons. Sociological Symposium, 1969, 3, 125-129.
- (08) Rosow, I. Housing and local ties of the aged. In B. Neugarten (ed.), Middle Age and Aging. Chicago: University of Chicago Press, 1968.
- (15) Ross, C.H. Geriatrics and the elderly woman. Journal of the American Geriatrics Society, 1974, 22(5), 230-239.
- (10) Ross, S. The Rights of Women: The Basic ACLU Guide to Women's Rights. New York: Avon, 1973.
- (01) Rossi, A.S. Equality between the sexes: an immodest proposal. Daedalus, 1964, 93, 607-652.
- (01) Roszak, R. The human continuum. In Masculine/Feminine: Readings in Sexual Mythology and the Liberation of Women. New York: Harper and Row, 1969.
- (03) Rorvik, D.M. You can stop worrying about menopause. McCall's, 1971 (Oct.), 99, 102-103.
- (03) Rubin, I. Sexual Life After Sixty. New York: Basic Books, Inc., 1965.
- (06) Russ, L. A High Old Time: Or, How to Enjoy Being a Woman over Sixty. New York: Saturday Review Press, 1972.
- (03) Rutherford, R.N. and Rutherford, J.J. Menopause -- fear or defeat. Psychosomatics, 1966, 7, 89-93.
- (03) Rutherford, R.W. The Female Climacteric. Ayerst Labs, 1971.
- (03) Ryan, K. and Gibson, D., eds. Menopause and Aging. Washington, D.C.: DHEW, 1973.

- (13) Sadker, M. Needed - A More Supportive Environment for College Women. U.S. Educational Resources Information Center, ERIC Document ED 067 585, 1970.
- (15) Safilios-Rothchild, C. Sexuality power and freedom among "older" women. In L. Troll, J. Israel, and K. Israel. (eds.) Looking Ahead, Englewood Cliffs, N.J.: Prentice Hall, 1977.
- (08) Sainer, J. and Zander, M. SERVE: Older Adult Volunteers in Community Service. New York: Community Service Society of New York, 1971.
- (13) Sander, G.F. College at 60. Change, 1977, 9(6), 21-24.
- (13) Sandler, B. A Feminist Approach to the Women's College. U.S., Educational Resources Information Center, ERIC Document ED 071 561, November 30, 1971.
- (03) Sanville, J. and Shor, J. Age games in play-mating: some clinical cues to qualities of "intimacy" between lovers of widely disparate ages. Clinical Social Work Journal, 1975, 3(3), 187-200.
- (06) Sarton, M. Toward another dimension. Women, 1976, 4(4), 26-27.
- (15) Saul, S. Aging: An Album of People Growing Old. New York: Wiley and Sons, 1974.
- (09) Saul, S.R. and Saul, S. Old people talk about death. Omega: Journal on Death and Dying, 1973, 4(1), 27-35.
- (14) Schlegel, A. Situational stress: a Hopi example. In Life-Span Developmental Psychology: Normative Life Crises. Datan and Ginsberg, eds. New York: Academic Press, 1975.
- (03) Schleyer-Saunders, E. The climacteric: a geriatric and social problem. Proceedings of the 7th International Congress of Gerontology. Vienna: Wiener Medizinischen Akademie, 1966, 4, 125-135.
- (03) _____. Results of hormone implants in treatment of the climacteric. Journal of the American Geriatric Society, 1971, 19(2), 114-121.
- (03) Schneidman, B. and McGuire, L. Group Therapy for non-orgasmic women: two age levels. Archives of Sexual Behavior, 1976, 5(3), 239-247.
- (06) Schonfield, D. Future commitments and successful aging: the random sample. Journal of Gerontology, 1973, 28(2), 189-196.
- (11) Schramm, D.G. A Study of the Older Woman Worker Who Has Attempted to Enter the White Collar Labor Force Through the Assistance of County Training Programs in Clerical Occupations. U.S. Educational Resources Information Center, ERIC Document ED 037 639, 1968.
- (15) Schuster, J.D. and Kelly, D. Preferred style features in dresses for physically handicapped elderly women. Gerontologist, 1974, 14, 106-109.
- (05) Schwab, J.J., Brown, J.M. and Holzer, C.E. Sex and age differences in depression in medical inpatients: a preliminary report. Mental Hygiene, 1968, 52, 627-630.
- (07) Schwartz, A.N. Survival Handbook for Children of Aging Parents. Chicago: Follett Publishing Co., 1977.
- (06) Schwenger, C.W. and Sayers, A. A Socio-Medical Study of the Aged, 1965-1966. Toronto, Ontario: Departments of Health and Public Welfare, March, 1969.
- (14) Scott, J. and Gaitz, C.M. Ethnic and age differences in mental health measurements. Diseases of the Nervous System, 1975, 36(7), 389-393.
- (13) Scott, R. and Holt, L. The new wave: a college responds to women returnees. Phi Delta Kappan, 1976, 58(4), 338-339.

- (03) Scully, D. and Bart, P. A funny thing happened on the way to the orifice: women in gynecology textbooks. American Journal of Sociology, 1973, 78(4), 1045-1050.
- (15) Seaman, B. Free and Female. McCann and Geoghan, 1972.
- (03) ———. and Seaman, G. Women and the Crisis in Sex Hormones. New York: Rawson Associates Publishers, Inc., 1977.
- (13) Seay, R. The Continuum Center for Women: Education Volunteerism Employment. U.S., Educational Resources Information Center, ERIC Document ED 085 619, August, 1973.
- (08) Seguin, M.M. "Opportunity for peer socialization in a retirement community". Gerontologist, 1973, 13(2), 208-214.
- (11) Seear, B.N. Re-Entry of Women to the Labor Market After an Interruption in Employment. U.S., Educational Resources Information Center, ERIC Document ED 052 464, 1971.
- (13) Senders, V.L. The Minnesota plan for women's continuing education: a program report. The Educational Record, 1961, 42(4), 270-278.
- (13) Sensor, P. A Study of the Mature Women Students Attending Day Classes at Riverside City College During the Spring Semester, 1964. U.S., Educational Resources Information Center, ERIC Document ED 010 739, October, 1964.
- (06) Serve Older Volunteers in Community Service. New York: SERVE, Community Service Society, 1971.
- (03) Shafer, N. Helping women through the change of life. Sexology, 1970, 36(1), 54-56.
- (15) Shanas, E., Townsend, P. Wedderburn, D., Friis, H., Milhhoj, P. and Stehouwer, J. Old People in Three Industrial Societies. New York: Atherton Press, Inc., 1968.
- (07) ———. and Sussman, M.B. Family and bureaucracy: comparative analyses and problematics. In Shanas, Ethel and Sussman, Marvin B., eds. Family, Bureaucracy, and the Elderly. Durham, North Carolina: Duke University Press, 1977.
- (03) Shearer, M.R. and Shearer, M.L. Sexuality and sexual counseling in the elderly. Clinical Obstetrics and Gynecology, 1977, 20(1), 197-208.
- (15) Sheehy, G. Passages: Predictable Crises of Adult Life. New York: E.P. Dutton and Co., Inc., 1976.
- (11) Sherman, S.R. Labor force status of non-married women on the threshold of retirement. Social Security Bulletin, 1974, 37(9), 3-15.
- (04) Sherrard, D.J., Bavlink, D.J. and Nelp, W.B. Increased Bone Formation and Resorption in Osteoporosis. Seattle: VA Hospital, 1973.
- (15) Sherwin, A.K. The Ageless Woman. Englewood Cliffs, New Jersey: Prentice-Hall, 1967.
- (06) Sherwood, S.R., Barnhart, E., Glassman, J., Feldman, L., Wassersug, L., Farrin, L. And Miranda, G. Study of Aged Applicants to a Long Term Care Facility. Boston, Massachusetts: Hebrew Rehabilitation Center for Aged, 1973.
- (14) Shiloh, A. and Selavan, I.C. Ethnic Groups of America: Their Morbidity, Mortality and Behavior Disorders. Volume II. Springfield, Illinois: Charles C. Thomas, Publisher, 1974.
- (05) Shishkoff, M.M. Reachout: treating mental health problems in middle-aged women. Journal of the NAWDAC, 1975, 39(1), 32-36.
- (12) Shore, W. Social Security: The Fraud in your Future. New York: Macmillan, 1975.

- (02) Siegel, J.S. Demographic aspects of aging and the older population in the United States. Current Population Reports. Series P-23, No. 59. Washington, D.C.: GPO, 1976.
- (03) Silverman, E.M. and Silverman, A.G. Sexual Activity in Women in the Later Years of Life. Coital Frequency as Measured by the Incidence of Spermatozoa in Pap Smears. Ann Arbor: Institute of Gerontology, University of Michigan-Wayne State University, 1975.
- (09) Silverman, P. Widowhood and preventive intervention. The Family Coordinator, 1972, 21, 95-102.
- (09) _____ and Cooperband, A. Mutual help and the elderly widow. Journal of Geriatric Psychiatry, 1975, 8(1), 9-27.
- (05) Simon, A. Emotional problems of women: the mature years and beyond. Psychosomatics, 1968, 9(2), 12-16.
- (02) Simonson, J. Social Indicators 1973. Washington, D.C.: Statistical Policy Division, Office of Management and Budget, 1973.
- (07) Simos, B.G. Relations of adults with aging parents. Gerontologist, 1970, 10, 135-139.
- (11) Simpson, I.H., Back, K., and McKinney, J.C. Orientation toward work and retirement, and self-evaluation in retirement. In I.H. Simpson and J.C. McKinney (eds.), Social Aspects of Aging. Durham: Duke University Press, 1966.
- (11) Sinick, D. Counseling of Older Persons: Careers, Retirement, Dying. U.S. Educational Resources Information Center, ERIC Document ED 109 588, 1975.
- (13) Skelhorne, J.M. The Adult Learner in the University: Does Anybody Care? A study of need based on an investigation of the facilities and services provided by the University of Toronto for mature, fulltime undergraduate women. U.S. Educational Resources Information Center, ERIC Document ED 118-817, 1975.
- (02) Skrabanek, R.L. More Women than Men: Implications of the Changing Sex Ratio. U.S. Educational Resources Information Center, ERIC Document ED 101 891, 1974.
- (13) Slavitt, M.L. All about EVE: a program to develop education, volunteer, and employment opportunities for the mature woman. New Campus, 1970, 23, 22.
- (06) Slotkin, J.S. Life course in middle age. Social Forces, 1954, 33, 171-176.
- (06) Smith, B.K. Aging in America. Boston: Beacon, 1973.
- (06) Smith, E.D. Handbook of Aging: For Those Growing Old and Those Concerned with Them. New York: Barnes and Noble, 1973.
- (13) Smith, J. and Finch, H.L. Private Colleges: Strategies for Change. U.S. Educational Resources Information Center, ERIC Document ED 108 534, 1975.
- (14) Solomon, B. Social and protective services. In R.H. Davis (ed.), Community Services and the Black Elderly. Los Angeles: Ethel Percy Andrus Gerontology Center, University of S. California, 1972.
- (03) Solomon, J. Menopause: rite of passage. Ms., 1972 (Dec.).
- (03) Sommers, N. and Ridgeway, J. Can a woman be feminine forever? New Republic, 1966, 154, 15-16.

- (01) Sommers, T. The compounding impact of age on sex, another dimension of the double standard. Civil Rights Digest, 1974, 7(1), 3-9.
- (12) _____. Social security: a woman's viewpoint. Industrial Gerontology, 1975, 2(4), 266-279.
- (01) _____. Aging in America, No.9: Implications for Women. Washington, D.C.: National Council on Aging, 1976.
- (03) Sonkin, L.S. and Coehen, E.J. Treatment of the menopause. Modern Treatment, 1968, 5, 545-563.
- (01) Sontag, S. The double standard of aging. Saturday Review, 1972, 55(39), 29-38.
- (06) Southworth, M.B. Life can begin at 60. Woods Hole, Massachusetts: The Job Shop, 1974.
- (14) Sowell, T. Ethnicity in a changing America. Deadalus, 1978, 107, 213-237.
- (07) Spanier, G., Lewis, R. and Cole, C. Marital adjustment over the life cycle: the issue of curvilinearity. Journal of Marriage and the Family, 1975, 37, 263-275.
- (07) Spence, D. and Lonner, T. The "empty nest": a transition within motherhood. Family Coordinator, 1971, 20(4), 369-376.
- (11) Spencer, B.G. and Featherstone, D.C. Married Female Labour Force Participation: A Micro Study. Special Labour Force Studies Series B, No.4. U.S., Educational Resources Information Center, ERIC Document ED 053 300, December, 1970.
- (09) Start, C. When You're a Widow. St. Louis: Concordia Publishing House, 1968.
- (13) State University of New York. Educational Programs Information Center Directory: A Directory of Educational Institutions and Training Programs on Long Island with Information on Selected Occupational Fields of Special Interest to Women. U.S., Educational Resources Information Center, ERIC Documents ED 023 989, 1968.
- (13) Steele, G.M. The Mature-Woman Student at Skyline College. Research Report Number 1. U.S. Educational Resources Information Center, ERIC Document ED 129 367, February, 1974.
- (07) Steinmann, Anne. The vocational roles of older married women. Journal of Social Psychology, 1961, 54, 93-101.
- (03) Stern, F.H. Use of a new antidepressant in the female climacteric. Psychosomatics, 1970, 11, 464-466.
- (07) Stinnett, N. Older persons' perceptions of their marriages. Journal of Marriage and the Family, 1972, 34(4), 665-670.
- (06) Stonecypher, D.D. Getting Older and Staying Young, A Doctor's Prescription for Continuing Vitality in Later Life. New York, Norton, 1974.
- (03) Stopes, M. Change of Life in Men and Women. G.P. Putnam's Sons, 1936.
- (04) Strax, P. Early Detection. New York, Evanston, San Francisco, and London: Harper and Row, 1974.
- (07) Streib, G.F. Old age and the family facts forecasts. American Behavioral Scientist, 1970, 14(1), 25-39.
- (11) _____. and Schneider, C.J. Retirement in American Society: Impact and Process. Ithaca, Cornell, 1971.
- (07) _____. Older families and their troubles: familial and social responses. The Family Coordinator, 1972, 21(1), 5-19.
- (06) _____. Mechanisms for change--viewed in a sociological context. In No Longer Young: The Older Woman in America. Michigan: Institute of Gerontology, University of Michigan-Wayne University, 1975.

- (08) Streib, G.F. Social Stratification and Aging .In R.H. Binstock and E. Shanas (eds.), Handbook of Aging and the Social Sciences, New York: Van Nostrand Reinhold Company, 1976.
- (07) Stub, H.R. Family structure and the social consequences of death. In A Sociological Framework for Patient Care. By Folta, Jeannette R. and Deck, Edity S., eds. New York: John Wiley and Sons, Inc., 1966.
- (03) Studd, J. and Chakravarti, S. and Oram, D. The climacteric. Clinical Obstetrics and Gynecology, 1977, 4(1), 3-29.
- (03) Sturgis, S.H. Hormone therapy in the menopause: indications and contradictions. Medical Aspects of Human Sexuality, 1969, 3, 69-75.
- (03) Subek, V. Difficulties in the sexual life of older women. Proceedings of the 7th International Congress of Gerontology. Vienna: Wiener Medizinischen Akademie, 1966.
- (07) Sussman, M.B. Intergenerational family relationships and social role changes in middle age. Journal of Gerontology, 1960, 15, 71-75.
- (14) Swanson, W.C. and Harter, C.L. How do elderly blacks cope in New Orleans? Aging and Human Development, 1971, 2(3), 210-216.
- (09) Swenson, W.M. Attitudes toward death in an aged population. Journal of Gerontology, 1961, 16(1), 49-52.

- T
- (06) Taletz, P. Two conceptual models of the Senior Center. Journal of Gerontology, 1976, 31(2), 219-222.
 - (13) Taines, B. Older women, newer students. Community and Junior College Journal, 1973, 44(1), 17.
 - (06) Taves, I. Women Alone. New York: Funk and Wagnalls, 1968.
 - (15) Taves, M. and Hanson, G.D. Seventeen hundred elderly citizens. In A. Rose (ed.), Aging in Minnesota. Minneapolis: University of Minnesota Press, 1963.
 - (03) Tavis, C. The sexual lives of women over 60. Ms. 1977, 6(1), 62-65.
 - (11) Taylor, C.W. If you're tempted to work become a temp; working in retirement. Retirement Living, 1975, 15, 29-31.
 - (03) Taymor, M. and Rizkallah, T.H. Progestogen-estrogen therapy in the menopause. A double blind study. American Journal of Obstetrics and Gynecology, 1967, 97, 460-464.
 - (11) Teachers Insurance and Annuity Association. Retirement benefits for men and women. The Participant, 1973.
 - (14) Technical Bulletin Series. Special Needs of Rural Blacks-Especially Rural Black Elderly. Washington, D.C.: National Center on the Black Aged, Inc., June, 1975.
 - (14) _____. Thirty-seven Percent of Black Aged in Poverty in 1973. Washington, D.C.: National Center on the Black Aged, Inc., June, 1975.
 - (11) Terlin, R. Job Finding Techniques for Mature Women. U.S., Educational Resources Information Center, ERIC Document ED 050 229, February, 1970.
 - (04) Thompson, F.F. Dietary problems in the older patient. The Practitioner, 1975, 215(1289), 632-640.
 - (04) Thompson, G.S., Mason, R.L. and Beauchene, R.E. The Effects of Diet and Dietary Supplements on Bone Density and Nutrition Status of Elderly Women. Knoxville: College of Home Economics, University of Tennessee, 1973.
 - (14) Thorson, J.A. Attitudes toward the aged as a function of race and social class. The Gerontologist, 1975, 15, 343-344.
 - (15) Thumin, F. and Wims, E. The perceptica of the common cold, and other ailments and discomforts, as related to age. International Journal of Aging and Human Development, 1975, 6(1), 43-49.
 - (04) Tonna, E.A. Aging of skeletal-dental systems and supporting tissues. In C.E. Finch and L. Hayflick (eds.), Handbook of the Biology of Aging. New York: Van Nostrand Reinhold Co., 1977.
 - (15) Tooshi, A. Effects of Endurance Jogging on Cardiovascular System and Body Composition in Middle-aged Women. U.S., Educational Resources Information Center, ERIC Document ED 081 744, 1973.
 - (07) Townsend, P. The effects of family structure on the likelihood of admission to an institution in old age: the application of a general theory. In Ethel Shanas and Gordon F. Streib, eds. Social Structure and the Family: Generational Relations. Englewood Cliffs, New Jersey: Prentice-Hall, 1965.
 - (08) _____. Isolation and loneliness in the aged. In Robert S. Weiss. Loneliness, 175-188.
 - (15) Trager, N. ed. No Longer Young: The Older Woman in America. Ann Arbor: University of Michigan-Wayne State University Institute of Gerontology, 1975.

- (15) Transaction, 1970, 8(1-2), Whole issue on women.
- (07) Troll, L. The family of later life: a decade review. Journal of Marriage and the Family, 1971, 33(2), 263-290.
- (06) ———, Israel, J. and Israel, K. ed. Looking Ahead: A Woman's Guide to the Problems and Joys of Growing Older. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1977.
- (06) Tunstall, J. Old and Alone. London: Routledge and Kegan Paul, 1966.
- (03) Turkel, W.V., Stone, M.L. and Napp, E.E. A geriatric gynecological survey. Journal of the American Geriatrics Society, 1969, 17, 191-197.

- (01) United Methodist Women's Television Monitoring Project. Sex Role Stereotyping in Prime Time Television. New York: Board of Global Ministries, United Methodist Church, 1976.
- (12) U.S. Citizens' Advisory Council on the Status of Women. Report of the Task Force on Social Insurance and Taxes. Washington, D.C.: GPO, 1968.
- (11) U.S. Dept. of Commerce, Bureau of the Census. Employment Status and Work Experience (1970 Census). No. PC (2)-(6A). Washington, D.C.: GPO, 1973.
- (14) _____ . Census of Population, 1970: Detailed Characteristics, Final Report. No. PC(1)-D1. Washington, D.C.: GPO, 1973.
- (06) _____ . Female family heads. Current Population Reports, Series P-23, No. 50. Washington, D.C.: GPO, 1974.
- (02) _____ . Special studies: demographic aspects of aging and the older population. Current Population Reports. Washington, D.C.: GPO, 1976.
- (02) _____ . A statistical portrait of women in the U.S. Current Population Reports, Series P-23, No. 58. Washington, D.C.: GPO, 1976.
- (08) _____ . Social Indicators 1976. Washington, D.C.: GPO, 1977.
- (02) _____ . Projections of the population of the United States: 1977 to 2050. Current Population Reports, Series P-25, No. 704. Washington, D.C.: GPO, 1977.
- (03) U.S. Dept. of Health, Education and Welfare. Age at menopause: United States - 1960-1962. U.S. Vital and Health Statistics, Series 11, No. 19. Washington, D.C.: Public Health Service, 1966.
- (11) _____ . National Conference on Manpower Training and the Older Worker. U.S. Educational Resources Information Center, ERIC Document ED 016 111, 1966.
- (11) _____ . Part-Time Social Workers in Public Welfare. U.S. Educational Resources Information Center, ERIC Document ED 067 499, 1971.
- (12) _____ . Recommendations on the Impact of HEW Programs on Women in Society: Older Women. Washington, D.C.: Women's Action Program, 1972.
- (12) _____ . Earnings replacement from social security and private pensions: newly entitled beneficiaries 1970. New Beneficiaries Report, No. 13. Washington, D.C.: Social Security Administration, 1974.
- (12) _____ . Wife's earnings as a source of family income. Research and Statistics Note, No. SSA 74-11701. Washington, D.C.: Social Security Administration, 1974.
- (09) _____ . Elderly widows. Statistical Memo, No. 33. Washington, D.C.: Administration on Aging, 1976.
- (14) _____ . American Indian population 55 years of age and older: geographic distribution, 1970. Statistical Reports on Older Americans. Washington, D.C.: Administration on Aging, 1977.
- (02) _____ . Facts about older Americans, 1976. Washington, D.C.: Administration on Aging, 1977.

- (11) U.S. Dept. of Labor. 1975 Handbook on Women Workers, Bulletin No. 297. Washington, D.C.: GPO, 1975.
- (11) _____ . The Employment Problems of Older Workers, Bulletin No. 1721. Washington, D.C.: GPO, 1971.
- (11) _____ . Mature Women Workers: A Profile. U.S. Educational Resources Information Center, ERIC Document ED 136 076, 1976.
- (13) _____ . Selected List of Special Educational Services and Continuing Education Programs for Mature Women. Washington, D.C.: Women's Bureau, 1963.
- (11) _____ . Why Women Work. Washington, D.C.: GPO, 1976.
- (11) _____ . Women Workers Today. Washington, D.C.: Women's Bureau, 1976.
- (10) U.S. House of Representatives, Select Committee on Aging. Equal Opportunity for Women (Displaced Homemakers and Minority Women). 94th Cong, 2nd session. Washington, D.C.: GPO, 1975.
- (11) _____ . Age and Sex Discrimination in Employment and Review of Federal Responses to Employment Needs of the Elderly. 94th Cong, 2nd session. Washington, D.C.: GPO, 1975.
- (11) _____ . Economic Problems of Aging Women. 94th Cong, 1st session. Washington, D.C.: GPO, 1975.
- (12) _____ . Social Security Inequities Against Women. 94th Cong, 1st session. Washington, D.C.: GPO, 1975.
- (12) _____ . Pension Problems of Older Women. 94th Cong, 1st session. Washington, D.C.: GPO, 1975.
- (12) _____ . Income Security for Older Women: Path to Equality. 94th Cong, 1st session. Washington, D.C.: 1976.
- (03) U.S. National Institute of Child Health and Human Development. Menopause: The Experts Speak. Bethesda, Md.: National Institutes of Health, 1975.
- (14) U.S. Senate. Special Committee on Aging. Availability and Usefulness of Federal Programs and Services to Elderly Mexican Americans, Part I - Los Angeles, California. Washington, D.C.: GPO, 1969.
- (14) _____ . The Multiple Hazards of Age and Race: The Situation of Aged Blacks in the U.S. Washington, D.C.: GPO, 1971.
- (12) _____ . Women and Social Security: Adapting to a New Era. 94th Cong, 1st session. Washington, D.C.: GPO, 1975.
- (11) U.S. Women's Bureau. How You can Help Reduce Barriers to the Employment of Mature Women. Washington, D.C.: GPO, 1969.
- (11) _____ . Job Finding Techniques for Mature Women, No. 11. Washington, D.C.: GPO, 1970.
- (10) _____ . A Working Woman's Guide to Her Job Rights, No. 55. Washington, D.C.: GPO, 1974.
- (07) Updegraff, S.G. Changing role of the grandmother. Bulletin of the Institute of Gerontology of the Iowa State University, 1968, 15(supp. 6), 3-6.
- (13) Utah University. Final Report of the University of Utah Committee on Women's Education. U.S. Educational Resources Information Center, ERIC Document ED 040 344, 1970.

- (09) Van Coevering, V. Developmental Tasks of Widowhood for the Aging Woman. U.S., Educational Resources Information Center, ERIC Document ED 076 893, September 5, 1971.
- (01) Van Gennep, A. Rites of Passage. Chicago: Phoenix Books, The University of Chicago Press, 1966.
- (05) Verwoerd, A. Normal psychology of the aging process, revisited --
I. Discussion. Journal of Geriatric Psychiatry, 1976, 9(2), 211-219.
- (03) _____, Pfeiffer, E. and Wang, H. Sexual behavior in senescence: changes in sexual activity and interest of aging men and women. Journal of Geriatric Psychiatry, 1969, 2(2), 163-180.
- (03) _____. Sexual behavior in Senescence:
II. Patterns of sexual activity and interest. Geriatrics, 1969, 24(2), 137-154.

- (11) Waldman, E. and McEaddy, B.J. Where women work--an analysis by industry and occupation. Monthly Labor Review, 1974, XCVII, 3-13.
- (14) Walker, A. In search of our mothers' gardens. Southern Exposure, 1977, 4(4), 60-64.
- (03) Wallin, P. and Clark, A.L. A study of orgasm as a condition of women's enjoyment of coitus in the middle years of marriage. Human Biology, 1963, 35, 131-139.
- (01) Walsh, R.P. and Connor, C.L. Old men and young women: partners in discrimination. Los Angeles: Loyola Marymount University, 1977.
- (04) Walton, J. Effects of calcium infusions in patients with postmenopausal osteoporosis. Metabolism, 1975, 24(7), 849-854.
- (06) Warren, H.H. Self-perception of independence among urban elderly. American Journal of Occupational Therapy, 1974, 28(6), 329-336.
- (15) Washington Star World Almanac Book of Facts. Wash, D.C., 1978.
- (03) Watkins, R.A., Correy, J.F., Wise, D.A. and Perkin, G.J. Social and psychological changes after tubal sterilization: a reevaluation study on 425 women. Medical Journal of Australia, 1976, 2(7), 251-254.
- (14) Watress, W. It's something inside you. Southern Exposure, 1977, 4(4), 76-81.
- (03) Watts, R.J. Sexuality and the middle-aged cardiac patient. Nursing Clinic of North America, 1976, 11(2), 349-359.
- (07) Wax, J. It's like your own home here. The New York Times Magazine, November 21, 1976, 38-40, 87-102.
- (03) Waxenberg, S.E. Psychotherapeutic and dynamic implications of recent research on female sexual functioning. In G.D. Goldman and D.S. Milman, eds. Modern Woman: Her Psychology and Sexuality. Springfield, Illinois: Charles C. Thomas, 1969.
- (01) Weaver, P. Art of recycling women. Today's Health, 1974, 52, 50-55.
- (07) Webber, H. Games. In Middle Age and Aging, B. Neugarten, ed. Chicago: University of Chicago Press, 1968.
- (15) Webster, I.W. and Logie, A.R. A relationship between functional age and health status in female subjects. Journal of Gerontology, 1976, 31(5), 546-550.
- (03) Weidger, P. Menstruation and Menopause: The Psychology, The Myth and the Reality. New York: Knopf, 1976.
- (06) Weisberger, T.H. The elderly in the Roxbury-Dorchester area: to uproot or not. Journal of Geriatric Psychiatry, 1972, 5(2), 174-184.
- (05) Weiss, J. Suicide in the aged. In Suicidal Behaviors: Diagnosis and Management. Boston: Little, Brown and Company, 1968.
- (01) Weiss, R.S. and Samuelson, N.M. Social roles of American women: their contribution to a sense of usefulness and importance. Marriage and Family Living, 1958, 20, 358-366.
- (05) Weissman, M.M. The depressed woman: recent research. Social Work, 1972, 17(5), 19-25.
- (05) _____ and Siegel, R. The depressed woman and her rebellious adolescent. Social Casework, 1972, 53, 563-570.
- (13) Wells, J.A. Continuing Education Programs for Women. U.S., Educational Resources Information Center, ERIC Document ED 013, 933, September, 1966.

- (13) Wells, J.A. Special courses and services for mature women. Employment Service Review, 1968, 5(10-11), 10-15.
- (11) _____. Automation and Women Workers. U.S., Educational Resources Information Center, ERIC Document ED 050 227, February, 1970.
- (13) _____. Continuing Education Programs and Services for Women. U.S., Educational Resources Information Center, ERIC Document ED 056 264, 1971.
- (13) _____. Counseling Women for Careers in Business. U.S., Educational Resources Information Center, ERIC Document ED 092 798, August, 1973.
- (13) _____ and Magruder, H.G. Education programs for mature women. Education Digest, 1972, 37(5), 42-45.
- (13) Wenig, C. Can a woman of 60 find fulfillment?--A housewife returns to college. Community College Review, 1975, 2(4), 59-67.
- (12) West, M.S. Sex classifications in the social security benefit structure. Indiana Law Journal, 1973, 49(1), 181-200.
- (03) West, N.D. Sex in geriatrics: myth or miracle? Journal of the American Geriatric Society, 1975, 23(12), 551-552.
- (03) What you should know about the controversy over breast surgery. Good Housekeeping, 1974 (Apr.), 177-179.
- (14) Wignall, C.M. and Koppin, L.L. Mexican-American usage of state mental hospital facilities. Community Mental Health Journal, 1967, 3(2), 137-148.
- (13) Wilkins, J.G. Characteristics of Mid-Career Women Enrolled in Programs at the University of Pittsburgh through the Office of Continuing Education for Women from 1964 to 1968. U.S., Educational Resources Information Center, ERIC Document ED 045 945, 1968.
- (02) Williams, B. A Profile of the Elderly Woman. Washington, D.C.: Aging, November-December, 1975; National Clearinghouse on Aging, Administration on Aging, U.S. Department of Health, Education and Welfare.
- (03) Williams, D. The menopause. Nursing Mirror and Midwives Journal, 1972, 135(25), 36.
- (13) Willmarth, J.G. Factors Affecting the Vocational Choice of Women of Different Ages Selecting Clerical and Secretarial Occupations. U.S., Educational Resources Information Center, ERIC Document ED 035 835, 1969.
- (03) Wilson, C.B. Menopause, mental illness and meningiomas. Journal of the Kentucky Medical Association, 1965, 63, 699-700.
- (03) Wilson, R.A. Feminine Forever. New York: M. Evans and Company, Inc., 1966.
- (03) _____ and Wilson, T.A. the basic philosophy of estrogen maintenance. Journal of the American Geriatrics Society, 1972, 20, 521-523.
- (03) Wilson, W.C. The distribution of selected sexual attitudes and behaviors among the adult population of the United States. Journal of Sex Research, 1975, 11(1), 46-64.
- (03) Winn, H. and Daly, M. The change of life in the woman. Geriatrics, 1971, 26(6), 105-111.
- (05) Winokur, G., Cadoret, R. and Dorzab, J. Depressive disease: a genetic study. Archives of General Psychiatry, 1971, 24(2), 135-144.

- (15) Winter, R. Ageless Aging: How Science is Winning the Battle to Help You Extend Your Healthy and Productive Years. New York: Crown Publishers, 1973.
- (14) Witt, S.H. Native women today: sexism and the Indian woman. Civil Rights Digest, 1974, 6(3), 29-35.
- (03) Women's Medical Center. Menopause. Washington, D.C.: Women's Medical Center, 1977.
- (11) Women's Talent Corps. Women's Talent Corps. Progress Report, March-April, 1967. U.S., Educational Resources Information Center, ERIC Document ED 012 869, April, 1967.
- (01) Wood, V. The plight of the older woman. Forum, 1972, 2, University Of Wisconsin Psychiatric Institute. Reprinted in The Institute for the Study of Women in Transition, Newsletter, 2(1), Portsmouth, N.H., March, 1976.
- (08) _____. and Robertson, J.F. Friendship and kinship interaction: differential effect on the morale of the elderly. Paper submitted to Journal of Marriage and the Family.
- (03) Woods, N.F. Psychologic aspects of breast cancer: review of the literature. Journal of Gerontological Nursing, 1975, 4(5), 15-22.
- (08) Woodward, J.C. Loneliness and Solitude - Phenomena, Incidence and Factorial Relationships. Springfield, Virginia: National Technical Information Service, U.S. Dept. of Commerce, 1973.
- (04) Worden, J.W. and Weisman, A.D. The fallacy in postmastectomy depression. American Journal of Medical Sciences, 1977, 273(2), 169-175.
- (13) Worthington, R.M. Transition from School to Work: The Role of Career Education. U.S., Educational Resources Information Center, ERIC Document ED 084 461, November 15, 1972.
- (05) Wright, B. Stress. Observer, 1968, 29, 19-25.
- (13) Wright, M.A. A model for determining new directions for women. Texas Personnel and Guidance Journal, 1975, 4(2), 99-104.

- (13) Yallowley, D. Is it ever too late? Vestes, 1976, 19(2), 12-15.
- (03) Yannone, M.E. The use of hormones in the menopause. Journal of the Iowa State Medical Society, 1967, 57, 1099-1105.
- (06) Yates, M. Coping: A Survival Manual for Women Alone. Englewood Cliffs: Prentice Hall, Inc., 1976.
- (14) Yoshioka, R.B. Stereotyping Asian women. Civil Rights Digest, 1974, 6(3), 4-5.
- (07) Youmans, E.G. Family disengagement among older urban and rural women. Journal of Gerontology, 1967, 22, 209-211.
- (01) _____. Generation, perceptions, and old age: an urban-rural comparison. Gerontologist, 1970, 10(3), 40.
- (15) _____. Age group, health and attitudes. Gerontologist, 1974, 14, 249-254.
- (12) Young, F. and Young, L. Everything You Should Know About Pension Plans. Bethesda, Md.: Bethesda Books, 1976.

- (03) Zadok, R. Increased sexual desire at the menopause: a myth exploded. World Medicine, 1971, 6(16), 25-26.
- (13) Zanar, E. Reentry ripoff. Ms., 1977 (Oct.), 83-86+.
- (13) Zatlin, C.E., Storandt, M., and Botwinick, J. Personality and values of women continuing their education after 35 years of age. Journal of Gerontology, 1973, 28(2), 216-221.
- (03) Ziel, H.K. and Finkle, W.D. Increased risk of endometrial carcinoma among users of conjugated estrogens. New England Journal of Medicine, 1975, 293(23), 1167-1170.
- (04) Zimmerman, D.R. Medicine today: breast cancer. Ladies Home Journal, 1974 (June), 22.
- (01) Zimmerman, M.A. Effects of Male/Female Role Socialization on Adjustment to Aging. New York: Community Service Society of New York, Fordham University, n.d.

EVALUATION FORM: INSTRUCTORS'
ASSESSMENT OF THE CURRICULUM GUIDE

This curriculum guide is intended as a first step in the process of developing extensive research data specific to women and the aging process. Its primary purposes are dissemination of topical information and improvement in attitude toward older women by those individuals exposed to the material contained herein. It is hoped that the gaps which currently exist in the literature serve as a catalyst for further investigation in the many areas of concern to older women.

In order that we may attain an unbiased evaluation of this guide, we are requesting that instructors who use any or all of the units return the evaluation form which appears on the next page. Your comments can be extremely helpful in shaping subsequent work in this area.

Evaluation forms should be sent to:

Marilyn R. Block, Director
Lifespan Research Associates
2125 Bucknell Terrace
Silver Spring, Md. 20902

INSTRUCTOR EVALUATION

1. Name of institution: _____
2. Title of course: _____
3. Your field/position: _____
4. Department within which course is taught: _____
5. Length of course: _____ Quarter _____ Trimester _____ Semester _____ Year
6. Your sex: _____ Female _____ Male
7. Your age: _____
8. Course level: _____ Undergraduate _____ Graduate _____ In-service training
 _____ Other (Explain) _____
9. Is this the first time you have taught a course on the subject of
 older women? _____ Yes _____ No
10. How would you rate the material covered in this curriculum package?

informative	_____	_____	_____	_____	_____	_____	uninformative
up-to-date	_____	_____	_____	_____	_____	_____	out-of-date
practical	_____	_____	_____	_____	_____	_____	impractical
specific	_____	_____	_____	_____	_____	_____	vague
important	_____	_____	_____	_____	_____	_____	unimportant
interesting	_____	_____	_____	_____	_____	_____	uninteresting
relevant	_____	_____	_____	_____	_____	_____	irrelevant
adequate	_____	_____	_____	_____	_____	_____	inadequate
comprehensive	_____	_____	_____	_____	_____	_____	limited
biased	_____	_____	_____	_____	_____	_____	fair
understandable	_____	_____	_____	_____	_____	_____	complex
11. Which of the following were used in your course?

_____ Textbook/s	_____ Guest lecturers	_____ Outside readings
_____ Group or individual reports	_____ Films	

12. What classroom activities did you find most useful and meaningful to the students? _____

13. Which of the following areas concerning older women were covered in class? Put an (M) beside the ones most covered, an (L) beside those least covered, and a (0) beside those not covered at all.

____ Demographic	____ Continuing education
____ Cultural attitudes/images	____ Legal system
____ Menopause/related health issues	____ Employment/retirement
____ Sexuality	____ Financial status
____ Mental health/related issues	____ Ethnic variations
____ Family status	____ Social networks
____ Widowhood/death	____ Life patterns

14. What other areas need to be covered that were not included in this curriculum package? _____

15. Will you be teaching this course in the future? ____ Yes ____ No

16. What films did you show during this course? How would you rate them: Excellent, Good, Fair, Poor? _____

17. What additions, corrections, or suggestions would you make for future revisions of these instructional materials? Include references to readings and films not listed in the bibliography of this package: _____

18. Briefly explain your interest in teaching this course: _____